EXECUTIVE SUMMARY

The 2022 End of Session Report provides a snapshot of the key bills that the MaineHealth Government Affairs Team tracked and worked on during the Second Regular Session (or "short session") of the 130th Maine Legislature. Since the Session began in January, we have tracked, analyzed, and weighed in on nearly 200 bills and amendments that are of interest to MaineHealth and its local health systems.

In the midst of a pandemic, our already-strained health care system faced another crisis – a crumbling behavioral health system that resulted in tremendous pressure on our hospital emergency departments as individuals with behavioral health needs could not access appropriate community resources. Recognizing that the Legislature and Administration needed to address the chronic underfunding of behavioral health immediately, the Government Affairs Team worked with a broad coalition that included providers, consumers, and law enforcement to successfully advance an unprecedented $36.8 million in the Supplemental Budget to provide short-term stability to Maine's behavioral health system. While longer-term funding solutions are developed, we hope to turn our focus to working with the Administration on a statewide, long-term strategic plan for behavioral health to ensure that the necessary supports for our most vulnerable are available.

Unlike previous short sessions, lawmakers found themselves this Session in the unique position of debating how to spend an historic $1.2 billion in surplus revenue. However, the surplus came with a warning: the long-term revenue projections for the State are volatile. As a result, the Administration and the Legislature were hesitant to include funding in the Supplemental Budget for ongoing or new initiatives and, instead, focused on one-time investments. In addition to the nearly $40 million in behavioral health funding, the Supplemental Budget also invested in several other MaineHealth priorities, including $25 million in COVID-19 relief for hospitals, $25 million for nursing homes, and $2.5 million in ongoing funding for the Maine Community Colleges to expand their Nursing Programs.

The Government Affairs Team also amended or defeated bills that would have negatively impacted our ability to provide access to high quality care in our communities – issues that ranged from prohibiting the State from mandating COVID-19 vaccines to mandatory overtime and inflexible staffing mandates.

The Government Affairs Team compiled the following overview of key bills addressed this Session that are relevant to MaineHealth and local health systems. **Importantly, the**

Government Affairs Team will work with appropriate programs and care team members to implement legislation passed this session.

The Government Affairs Team would also like to thank those of you who provided analysis of legislation, crafted talking points, drafted testimony, and reached out to share MaineHealth's concerns with legislators. Your involvement was critical in ensuring that we spoke with a strong and unified voice.

The Legislative Session formally adjourned on May 9, 2022. Unless specifically noted below the effective date for all legislation passed into law during the Second Regular Session is **Monday, August 8, 2022.**

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PUBLIC LAWS

Laws Related to Health Care Operations

LD 372, "An Act to Establish the Hospital System Loan Fund Program"
(Lewiston Delegation)
MaineHealth Position: No Position

Public Law, Chapter 746 became law without the Governor's signature and uses $12 million from the Medicaid Stabilization Fund to create the Hospital System Loan Fund Program to be administered by the Finance Authority of Maine (FAME). The Program is intended to assist hospitals in repaying loan payments made through the Medicare Accelerated Payment Program, and will provide interest-free loans that must be repaid within 24 months. The Program was created at the request of Central Maine Medical Center (CMMC) and is intended solely for CMMC.

LD 665, "An Act to Promote Better Dental Care for Cancer Survivors"
(Rep. Margaret Craven)
MaineHealth Position: No Position

Public Law, Chapter 683 mandates that insurance carriers in the state include coverage for medically necessary dental procedures to reduce the risk of infection, eliminate infection, or to treat tooth loss or decay for an enrollee prior to beginning cancer treatment. Self-funded plans, including MaineHealth's, are governed by ERISA and, therefore, excluded from such mandates.

LD 684, "Resolve, To Amend MaineCare Reimbursement Provisions Governing Supplemental Payments to Nursing Facilities with High MaineCare Use"
(Sen. Jeff Timberlake)
MaineHealth Position: Support, Did Not Testify

Resolve, Chapter 171 requires the Department of Health and Human Services to amend its rules regarding supplemental payments to nursing facilities to remove the requirement that nursing facilities have base year direct and routine aggregate costs per day that are less than the median aggregate direct and routine allowable costs for the facility's peer group. The Resolve took effect on May 2, 2022.

LD 861, "Resolve, Directing the Department of Health and Human Services to Contract for Assessments for Involuntary Hospitalizations"
(Rep. Richard Evans)
MaineHealth Position: Support; Maine Hospital Association-Sponsored Legislation
Requires Implementation

Resolve, Chapter 160 requires the Department of Public Safety to develop and provide training programs to law enforcement on the Yellow Flag Law.

Introduced and drafted by the Mills Administration, the so-called Yellow Flag Law was approved by the 129th Legislature and allows law enforcement officials to bring individuals to emergency departments to be evaluated for their risk of harm to self or others in the foreseeable future for the purposes of confiscating their weapons. As part of the law, the Administration was required to develop and release a request for proposal (RFP) for the development of remote technology to conduct these assessments at places other than hospital emergency departments. The RFP was not issued, and MaineHealth's hospitals joined most other hospitals in Maine in refusing to conduct the assessments.

This winter, the Administration identified alternative assessment capacity through Spurwink, and MaineHealth has agreed to a pilot program in which law enforcement may initiate Yellow Paper assessments through remote connection on patients who are under protective custody and otherwise in our emergency departments for Blue Paper assessments. MaineHealth has identified an implementation team that is drafting guidelines for hospital emergency departments.

LD 1003, "An Act to Improve Outcomes for Persons with Limb Loss"
(Rep. Colleen Madigan)
MaineHealth Position: No Position

Public Law, Chapter 741 mandates that insurance carriers in the state include coverage to enrollees under the age of 18 for prosthetic devices designed to meet an enrollee's medical needs for recreational activities. Self-funded plans, including MaineHealth's, are governed by ERISA and, therefore, excluded from such mandates.

LD 1386, "Resolve, To Improve Access to Bariatric Care
(Rep. Anne Perry)
MaineHealth Position: Support; Maine Hospital Association-Sponsored Legislation

Resolve, Chapter 180 directs the Department of Health and Human Services to develop a plan to establish four bariatric beds and an enhanced reimbursement rate for nursing facilities no later than September 1, 2022, and establish an additional four beds a year for the following three years.

When the bill was before the Heath and Human Services Committee, Dr. Chris Wellins, Senior Medical Director of Utilization Management at Maine Medical Center, testified in support and shared that since 2014, Maine Medical Center has cared for 57 bariatric patients and their average length of stay was 57 days, for a combined length of stay of 2,561 days. Over 1,600 of these days were avoidable had appropriate discharge settings been available.

LD 1390, "An Act to Maximize Health Care Coverage for the Uninsured through Easy Enrollment in the MaineCare Program or in a Qualified Health Plan in the Marketplace"
(Rep. Richard Evans)
MaineHealth Position: Support

Public Law, Chapter 715 establishes a process through the state income tax filing system to identify individuals and families who are uninsured and either potentially eligible for MaineCare or enrollment in a qualified health plan in the Maine Health Insurance Marketplace.

Sarah Calder testified in support of this legislation when it was before the Health Coverage, Insurance and Financial Services Committee and shared that MaineHealth supports public policies that seek to increase access to affordable health coverage.

LD 1539, "An Act to Provide Access to Fertility Care"
(Rep. Colleen Madigan)
MaineHealth Position: No Position

Public Law, Chapter 692 mandates that insurance carriers in the state include coverage for fertility treatment with very few limitations. It does, however, allow the carrier to adopt clinical guidelines based on the American Society for Reproductive Medicine's current guidelines. Self-funded plans, including MaineHealth's, are governed by ERISA and, therefore, excluded from such mandates.

LD 1778, "An Act to Improve Health Care Affordability and Increase Options for Comprehensive Coverage for Individuals and Small Businesses in Maine"
(Rep. Richard Evans)
MaineHealth Position: Support

Public Law, Chapter 518 directs the newly created Office of Affordable Health Care, beginning in 2023, to analyze barriers to affordable health care and coverage and develop proposals on potential methods to improve such barriers.

Sarah Calder testified in support of this legislation when it was before the Health Coverage, Insurance and Financial Services Committee and shared that MaineHealth looks forward to working with the Office of Affordable Health Care as it addresses affordability and increased coverage for individuals in Maine.

LD 1781, "An Act to Align Postpartum MaineCare Coverage with Federal Law"
(Sen. Anne Carney – Department of Health and Human Services' Bill)
MaineHealth Position: Support

Public Law, Chapter 519 aligns legislation passed last Session to extend MaineCare coverage for pregnant people up to 12 months postpartum with federal law.

Sarah Calder testified in support of this legislation when it was before the Health and Human Services Committee. She shared that gaps in health insurance coverage during the fourth trimester through the first year can contribute to rising maternal morbidity and mortality rates, and this legislation could help prevent many of Maine's pregnancy-associated deaths.

LD 1849, "An Act to Clarify Inspection Requirements for Hospitals and Certain Nursing Facilities"
(Rep. Michele Meyer – Department of Health and Human Services' Bill)
MaineHealth Position: Monitor
Requires Implementation

Public Law, Chapter 541 would require certain hospitals (excludes Critical Access Hospitals) to provide the Maine Division of Licensing and Certification (DLC) with their Joint Commission survey findings, including a statement of any deficiencies and corresponding plan of correction, in order to be exempt from DLC inspections. The law clarifies that survey findings are confidential.

LD 1855, "An Act Regarding Point-of-Dispensing Sites for Immunizations against COVID-19"
(Sen. Heather Sanborn)
MaineHealth Position: Support

Public Law, Chapter 509 allows for the continued delegation of authority to vaccination sites that have a written memorandum of understanding with the Maine CDC to administer COVID-19 vaccines. This law became effective on March 16, 2022.

Sarah Calder testified in support of this legislation when it was before the Health Coverage, Insurance and Financial Services Committee and shared that it will continue to provide the needed flexibility to increase vaccination capacity in Maine, while still providing reasonable oversight requirements that will ensure safety.

LD 1867, "An Act to Codify MaineCare Rate System Reform"
(Rep. Michele Meyer – Department of Health and Human Services' Bill)
MaineHealth Position: Qualified Support

Public Law, Chapter 639 codifies the Department of Health and Human Services' efforts to develop a comprehensive rate review process in statute.

When the bill was before the Health and Human Services Committee, Katie Fullam Harris testified in qualified support and shared that while we are supportive of the Department's initiative, we believe that providers should have input in the rate review process, like the methodology used. Importantly, the bill was amended and the law allows for significant stakeholder input to ensure that providers can weigh in on the rate benchmarking and methodology.

LD 1899, "An Act to Ensure Safe Entry and Access for People Seeking Health Care and Other Constitutional Rights"
(Rep. Jay McCreight)
MaineHealth Position: Support

Public Law, Chapter 640 creates a medical safety zone extending eight feet from the entrance of a building in which patients receive health services and prohibits a person from protesting or obstructing an individual from entering or exiting the building.

When the bill was before the Judiciary Committee, Sarah Calder testified in support and shared that MaineHealth strongly supports policies that protect safe access to care for our patients and the safety of our care team members.

Laws Related to Workforce

LD 225, "An Act Regarding the Treatment of Vacation Time upon the Cessation of Employment"
(Rep. Amy Roeder)
MaineHealth Position: Did Not Testify
Requires Implementation

Public Law, Chapter 561 requires employers who provide vacation time to pay out all unused, accrued vacation time to an employee upon separation from the employer. This law will have minimal impact on the MaineHealth system.

LD 598, "An Act to Prohibit Discrimination in Employment and School Based on Hair Texture or Hairstyle"
(Sen. Mattie Daughtry)
MaineHealth Position: Did Not Testify

Public Law, Chapter 643 prohibits discrimination in employment and education based on hair texture or hairstyle, including braids, twists, and locks.

LD 607, "An Act to Direct the Department of Labor to Educate Business and Nonprofit Communities on Overtime Laws"
(Rep. Rachel Talbot Ross)
MaineHealth Position: Opposed to Original Bill, Did Not Testify

Public Law, Chapter 563 directs the Maine Department of Labor to develop a comprehensive educational campaign to ensure businesses understand the laws regarding the payment of overtime to Maine workers.

The original version of the bill would have increased Maine's salary threshold below which overtime must be paid to over $55,000. This would have resulted in an approximately $3.4 million impact to MaineHealth.

LD 629, "Resolve, To Establish the Task Force to Study Improving Safety and Provide Protection from Violence for Health Care Workers in Hospitals and Mental Health Care Providers"
(Rep. Walter Riseman)
MaineHealth Position: Support as Amended

Resolve, Chapter 173 will convene stakeholders, including local law enforcement, district attorneys, and hospitals to review the process by which criminal law cases may be brought

related to incidents of violence in hospitals, in particular, where patients or individuals related to patients assault hospital or medical staff. The Resolve took effect on May 3, 2022.

Sarah Calder testified in support of this bill when it was before the Health and Human Services Committee and shared that our current system does not provide a clear path in which to hold accountable individuals who commit acts of violence against health care workers.

LD 965, "An Act Concerning Nondisclosure Agreements in Employment"
(Rep. Thomas Harnett)
MaineHealth Position: Opposed to Original Bill, Did Not Testify

Public Law, Chapter 760 places limitations on employers' use of nondisclosure agreements. Specifically, an employer cannot prohibit an individual from reporting unlawful behavior in a settlement agreement and nondisclosure provisions can be included in a settlement agreement if the employee is separately compensated.

LD 1786, "An Act to Maintain Consistency among Maine's Nondiscrimination Statutes"
(Sen. Anne Carney)
MaineHealth Position: Did Not Testify
Requires Implementation

Public Law, Chapter 553 updates various statutes related to nondiscrimination to prohibit discrimination on the basis of actual or perceived race, color, sex, sexual orientation, gender identity, physical or mental disability, religion, ancestry or national origin, age or familial status.

LD 1823, "An Act to Amend the Enforcement Provisions of the Law Governing Earned Paid Leave"
(Rep. Rebecca Millett)
MaineHealth Position: Did Not Testify

Public Law, Chapter 569 specifies that violations of Earned Paid Leave may be addressed through the dispute resolution process set forth in a collective bargaining agreement.

LD 1889, "An Act to Amend the Whistleblowers' Protection Act To Ensure Coverage in Unionized Workplaces"
(Rep. Thomas Harnett)
MaineHealth Position: Did Not Testify

Public Law, Chapter 589 repeals a section of the Whistleblowers' Protection Act that was interpreted by the Maine Supreme Judicial Court in *Nadeau v. Twin Rivers Paper Company, LLC*, as a bar to enforcement of the Act in many cases in which a collective bargaining agreement is in place. The law allows unionized employees to pursue Whistleblowers' Protection Act claims through a collective bargaining agreement.

LD 1920, "An Act to Enact the Interstate Counseling Compact to Address Inequities in Access to Clinical Counseling Services and Increase Maine's Provider Workforce"
(Rep. Jay McCreight)
MaineHealth Position: Support

Public Law, Chapter 547 enacts the Interstate Counseling Compact, making Maine the seventh state to enact the Compact. The Compact will be activated once 10 states enact the Compact.

Sarah Calder testified in support of this legislation when it was before the Health Coverage, Insurance and Financial Services Committee and shared that the Compact could help ease the challenges related to transferring licensure to Maine as we work to recruit out-of-state health care professionals to meet the growing demand for behavioral health care services.

LD 2003, "An Act to Implement the Recommendations of the Commission to Increase Housing Opportunities in Maine by Studying Zoning and Land Use Restrictions"
(Speaker Ryan Fecteau)
MaineHealth Position: Support

Public Law, Chapter 672 allows Maine property owners to build accessory dwelling units in residential areas.

Sarah Calder testified in support of this legislation when it was before the Labor and Housing Committee and shared that an increased supply of affordable housing will support our ability to staff and deliver health care services.

LD 2035, "An Act to Make Changes to the Laws Regarding Licensure of Certain Individuals from Other Jurisdictions"
(Rep. Tiffany Roberts – Governor's Bill)
MaineHealth Position: Did Not Testify

Public Law, Chapter 642 amends a conflict in existing statutes regarding licensure by endorsement so that individual licensing boards can issue licensure by endorsement prior to adopting final rules, and it clarifies that licensure by endorsement is not mandated. It also clarifies that fee waivers are only provided for individuals educated or trained in foreign countries that have extreme and demonstrated hardship.

Laws that Legislate Medicine

LD 972, "An Act to Establish the Rare Disease Advisory Council"
(Rep. Margaret Craven)
MaineHealth Position: No Position

Public Law, Chapter 740 became law without the Governor's signature and creates the Rare Disease Advisory Council to advise the Department of Health and Human Services and the public on issues regarding rare diseases.

LD 1747, "An Act to Require Screening for Cytomegalovirus in Certain Newborn Infants"
(Sen. Cathy Breen)
MaineHealth Position: Neither for Nor Against

Public Law, Chapter 698 directs the Department of Health and Human Services to adopt rules with clinician input to determine appropriate Cytomegalovirus (CMV) testing standards and develop education materials for providers and pregnant people.

Sarah Calder testified neither for nor against the legislation when it was before the Health and Human Services Committee and shared MaineHealth's support for increasing awareness and public and provider education of CMV, but explained our opposition to fixing practice standards into law.

LD 1771, "Resolve, To Establish the Advisory Panel to Better Understand and Make Recommendations Regarding the Implications of Genome-editing Technology for the Citizens of the State"
(Rep. Sam Zager)
MaineHealth Position: Support

Resolve, Chapter 177 establishes the Advisory Panel to Better Understand and Make Recommendations Regarding the Implications of Genome-editing Technology for the Citizens of the State. The panel is tasked with studying the implications of genome-editing technology and the legislative, administrative or other steps that the State should take to capitalize on the potential and avoid the hazards of genome-editing technology.

Sarah Calder testified in support of this bill when it was before the Health and Human Services Committee.

LD 1776, "An Act to Allow Pharmacists to Dispense an Emergency Supply of Chronic Maintenance Drugs"
(Rep. Amy Roeder)
MaineHealth Position: Neither for Nor Against
Requires Implementation

Public Law, Chapter 566 allows a pharmacist to sell and dispense an emergency supply of a chronic maintenance drug to a patient with an expired prescription if the pharmacist has attempted, but is unable to obtain authorization to refill the prescription from the patient's practitioner. The pharmacy must have a record of the previous prescription and pharmacists must notify the prescriber within 72 hours of dispensing the emergency supply.

The emergency supply is limited to a 30-day supply and a pharmacist can only provide an emergency supply twice in one year. Emergency refills of Schedule I and II controlled substances are prohibited; Schedule III and IV controlled substances are limited to a 7-day supply. Importantly, a prescriber can note on the prescription that an emergency supply is not permitted.

The pharmacist is empowered to use their professional judgment that the prescription is essential to sustain the life of the patient or to continue therapy for a chronic condition of the patient and

that failure to dispense the drug could produce undesirable health consequences or cause physical or mental discomfort.

Sarah Calder testified neither for nor against this legislation when it was before the Health Coverage, Insurance and Financial Services Committee and urged the Committee to direct the Pharmacy Board to update its rules to provide clarification on the practice of providing a bridge supply of medications, and not attempt to address the practice in legislation. The Board of Pharmacy, however, testified that rulemaking is not necessary and would delay implementation of this bill, and that the Board does not have the capacity to take on rulemaking of this magnitude. The law permits the Board to adopt routine technical rules to determine what constitutes a chronic maintenance drug and what reporting procedures are necessary.

LD 2007, "An Act to Create the Amyotrophic Lateral Sclerosis Incidence Registry"
(Sen. Ned Claxton – Governor's Bill)
MaineHealth Position: Support
Requires Implementation

Public Law, Chapter 613 creates an Amyotrophic Lateral Sclerosis (ALS) registry, similar to that of cancer and some infectious diseases.

Sarah Calder testified in support of this bill when it was before the Health and Human Services Committee and urged the Committee to amend the legislation to require the Maine CDC to implement the registry in accordance with the US CDC's ALS registry, ensuring that Maine contributes its information to the national registry and supports national research efforts. The law passed allows the Maine CDC to establish data sharing and protection agreements with state, regional, and national ALS registries for bidirectional data exchange.

Laws Related to Behavioral Health

LD 1080, "Resolve, Directing the Department of Health and Human Services to Update the Rights of Recipients of Mental Health Services"
(Rep. Holly Stover)
MaineHealth Position: Support; MaineHealth-Sponsored Legislation

Resolve, Chapter 132 became law without the Governor's signature and directs the Department of Health and Human Services (DHHS) to update the Right of Recipients rule.

The Resolve directs DHHS to update the rule with provider and consumer engagement by July 1, 2025. By September 1, 2022, DHHS must provide to the Health and Human Services Committee a work plan for updating the rule, and beginning January 1, 2023, DHHS must provide updates to the Committee every 6 months.

The Rights of Recipients rule governs certain aspects of treatment including the rights of individuals with mental health diagnoses provided by all agencies licensed by DHHS and all public and private inpatient psychiatric institutes and units; it was last updated in 1995.

Katie Fullam Harris testified in support of this legislation when it was before the Health and Human Services Committee and shared that the Rights of Recipients should support current standards of care and accurately reflect the society in which they are delivered, and, instead, it impedes the effective delivery of services to individuals with mental health diagnoses.

LD 1196, "An Act Regarding Reporting on Spending for Behavioral Health Care Services and to Clarify Requirements for Credentialing by Health Insurance Carriers"
(Rep. Sam Zager)
MaineHealth Position: Opposed to Original Legislation

Public Law, Chapter 603 directs the Maine Health Data Organization to measure annual spending of behavioral health. The law also requires insurance carriers to make all credentialing decisions on a completed application within 60 days. If a carrier is unable to make a credentialing decision on a completed credentialing application within the 60-day period, the carrier must request authorization for an extension on that application from the Department of Professional and Financial Regulation. MaineHealth strongly supports the bill that was signed into law.

The original bill would have mandated targeted investments in primary care and behavioral health by MaineCare and private insurers, but, importantly, would have also imposed an artificial cap on total health care expenditures. As such, Katie Fullam Harris testified in opposition to this legislation when it was before the Health Coverage, Insurance and Financial Services Committee. She shared that while additional investments in primary care and behavioral health services should ultimately decrease the total cost of care, capping total expenditures would have unintended consequences by limiting our capacity to support other critical investments in the health of our communities. The final bill addressed these concerns by removing the cap.

LD 1722, "An Act to Ensure Access to All Paths to Recovery for Persons Affected by Opioids Using Money Obtained through Litigation against Opioid Manufacturers"
(Rep. Charlotte Warren)
MaineHealth Position: No Position

Maine is estimated to receive as much as $130 million over 18 years from the National Opioid Settlements with distributors Cardinal, McKesson, and Amerisource Bergen and opioid manufacturers Johnson & Johnson.

Public Law, Chapter 661 creates the Maine Recovery Council to direct the disbursement of 50 percent of the National Opioid Settlements dollars.

LD 1758, "An Act Regarding Access to Telehealth Behavioral Health Services during Public Health Emergencies"
(Rep. Colleen Madigan)
MaineHealth Position: Support; MaineHealth-Sponsored Legislation

Public Law, Chapter 637 lifts the Maine Division of Licensing and Certification requirement that a provider collect written consent, and, instead, allows for verbal consent to treat a behavioral health or substance use disorder client during a federally declared Public Health Emergency.

Sarah Calder testified in support of this legislation when it was before the Health and Human Services Committee and shared that telehealth has been incredibly important in meeting the needs of our behavioral health clients, and has reduced no-show rates and received high patient satisfaction scores.

LD 1848, "An Act to Increase the Availability of Assertive Community Treatment Services"
(Rep. Colleen Madigan – Department of Health and Human Services' Bill)
MaineHealth Position: Neither for Nor Against

Public Law, Chapter 540 removes the requirement that a psychiatrist be part of an Assertive Community Treatment (ACT) Team, and allows any prescriber to fill that role.

Sarah Calder testified neither for nor against this bill when it was before the Health and Human Services Committee and shared that psychiatry should be available to support any ACT Team, as has been shown in the evidenced-based care model. The Department of Health and Human Services was opposed to this suggestion and the Committee did not amend the legislation to reflect this suggestion.

LD 1968, "An Act to Ensure Appropriate Placement of Defendants with Mental Illness and Intellectual Disabilities"
(Rep. Rachel Talbot Ross)
MaineHealth Position: Supported Original Bill

Public Law, Chapter 757 became law without the Governor's signature and provides that a transfer of a defendant with a mental illness to the custody of the Commissioner of Health and Human Services for placement for care as a result of a court order must be within 30 days, unless an extraordinary circumstance causes a necessary delay.

In an effort to reduce the fiscal note, the Legislature stripped the language from the original bill of importance to MaineHealth and the patients we serve, specifically:

- Directing the Department of Health and Human Services to develop a comprehensive system of residential care for adults and children with high levels of behavioral health needs,
- Directing the Department of Health and Human Services to collect data on the number of licensed, staffed, occupied, and unavailable acute psychiatric inpatient beds and community residential treatment beds for individuals with mental illness, substance use

disorder, intellectual and developmental disabilities, and for children with behavioral health diagnoses in each geographic region of Maine.

LD 1910, "An Act to Improve Children's Mental Health by Requiring Insurance Coverage for Certain Mental Health Treatment"
(Rep. Denise Tepler)
MaineHealth Position: Support

Public Law, Chapter 595 clarifies that insurance carriers in the state may not deny treatment for mental health services for individuals 21 years or younger that use evidence-based practices, like Multisystemic Therapy (MST), and are determined to be medically necessary. The bill became effective on April 14, 2022. Self-funded plans, including MaineHealth's, are governed by ERISA and, therefore, excluded from such mandates.

When the bill was before the Health Coverage, Insurance and Financial Services Committee, Sarah Calder testified in strong support of coverage of evidence-based practices – for medical, mental health, and substance use treatment – as it is a fundamental element to meeting MaineHealth's vision.

LD 1994, "An Act to Establish the Progressive Treatment Program Fund"
(Sen. Ned Claxton)
MaineHealth Position: Support

Public Law, Chapter 745 became law without the Governor's signature and creates a fund to cover the associated legal costs to bring forward a Progressive Treatment Program (PTP) application. A PTP is essentially court-ordered outpatient treatment.

This bill was a product of the PTP stakeholder group that met over the fall and winter. Dr. Rob McCarley, Vice President of Medical Affairs, and Jim Bailinson, Corporate Counsel, represented MaineHealth on the stakeholder group. Sarah Calder testified in support of the bill when it was before the Health and Human Services Committee and shared that we are supportive of the creation of a fund to cover the associated legal costs, but MaineHealth strongly believes that a standardized process for bringing forth a PTP to the Court from a non-State mental health institution should be developed next Session, identical to the process used for court ordered hospitalization, or a "White Paper."

LD 2008, "Resolve, To Establish the Committee to Study Court-ordered Treatment for Substance Use Disorder"
(Rep. Colleen Madigan)
MaineHealth Position: Neither For Nor Against

Resolve, Chapter 183 forms a study group that includes substance use disorder treatment providers, hospitals, and individuals with lived experience, among others, to consider court-ordered treatment for substance use disorder.

Dr. Nick Piotrowski, Medical Director of Addiction Psychiatry at Maine Behavioral Healthcare, testified neither for nor against the original legislation when it was before the Judiciary Committee. He recommended that the topic be studied by key stakeholders, and that, importantly, the availability of appropriate levels of treatment and care be considered before mandating treatment as well.

Laws Related to Public Health

LD 85, "An Act Concerning MaineCare Coverage for Donor Breast Milk"
(Rep. Margaret Craven)
MaineHealth Position: Support

Public Law, Chapter 708 requires that MaineCare cover medically necessary donor breast milk, similar to the coverage provided by TRICARE. Maine will join at least five other states that have mandated their state Medicaid programs cover this benefit.

Sharon Craig Economides, Program Manager of Lactation Consultation and Childbirth Education at Maine Medical Center, submitted testimony to the Joint Standing Committee on Health and Human Services in support of this legislation.

LD 906, "An Act to Provide Passamaquoddy Tribal Members Access to Clean Drinking Water"
(Rep. Rena Newell)
MaineHealth Position: Neither For Nor Against

Public Law, Chapter 650 enables the Passamaquoddy Tribe to seek alternative sources of groundwater on Passamaquoddy Indian territory without State approval.

Lisbeth Wierda, Research Program Director for the Maine Medical Center Research Institute's Center for Outcomes Research and Evaluation (CORE), testified neither for nor against the bill when it was before the Judiciary Committee. She shared CORE's ongoing work, undertaken at the request of and in partnership with the Passamaquoddy Tribe, to quantify the impacts of the water quality at Pleasant Point on tribal members.

LD 1868, "An Act to Restore Funding to the State's Tobacco Prevention and Control Program"
(Rep. Kristen Cloutier)
MaineHealth Position: Support

Public Law, Chapter748 appropriates an additional $7.5 million annually to the state tobacco prevention and treatment program, bringing the State's total investment in the program above the US CDC recommended level of $15.9 million per year.

Sarah Calder testified in support of this legislation when it was before the Health and Human Services Committee and shared that for every dollar spent on tobacco prevention, states can reduce tobacco-related health care expenditures and hospitalizations by up to $55.

DEFEATED LEGISLATION

Bills Related to Health Care Operations

LD 867, "An Act to Prohibit Mandatory COVID-19 Vaccinations for 5 Years to Allow for Safety Testing and Investigations into Reproductive Harm"
(Rep. Tracy Quint)
MaineHealth Position: Opposed

The Legislature opposed legislation that would have prohibited the State from mandating COVID-19 vaccinations for 5 years from the date of the vaccine's Emergency Use Authorization.

Sarah Calder testified in strong opposition to the legislation and shared that vaccinating our care team members very clearly reflects MaineHealth's commitment to our vision and our patient-centered value by protecting and preserving our workforce.

LD 1701, "An Act to Establish a Managed Care Program for MaineCare Services"
(Rep. Sawin Millett)
MaineHealth Position: Monitor

The Health and Human Services Committee voted Ought Not to Pass on legislation that directed the Department of Health and Human Services to implement a managed care program for MaineCare.

LD 1791, "An Act Directing the Department of Health and Human Services to Provide Notice to Hospitals of Nursing Facility Closures"
(Sen. Genevieve McDonald)
MaineHealth Position: Support; Maine Hospital Association-Sponsored Legislation

The Health and Human Services Committee voted in opposition to Maine Hospital Association-sponsored legislation that would have directed the Department of Health and Human Services to notify hospitals when the Department approves a nursing home's notice of closure. The Committee voted in opposition because the Department agreed, without legislation, to update its rules to reflect the intent of the bill.

Cindy Wade, President of LincolnHealth, testified in support of this bill when it was before the Committee. She shared that the simple act of receiving advanced noticed of a nursing home's impending closure will better prepare an impacted hospital in its discharge planning efforts at a time when the MaineHealth system has averaged over 100 patients awaiting discharge from the hospital to either a skilled nursing or long-term care facility.

LD 1833, "Resolve, To Exempt Specialty or Recognition Registration Plates Already in the Process of Being Created from the Moratorium on the Approval of New Motor Vehicle Registration Plates"
(Sen. Cathy Breen)
MaineHealth Position: Support

The Transportation Committee voted against legislation that would have exempted certain specialty registration plate sponsors from the temporary, two-year moratorium on new specialty license plates passed by the Legislature last Session.

Dr. Mary Ottolini. Chair of Pediatrics at The Barbara Bush Children's Hospital at Maine Medical Center (BBCH), testified in support of this legislation and urged the Committee to exempt the BBCH specialty plates from the current moratorium, as we work to establish additional plates in each of the various vehicle classes.

LD 1938, "An Act to Prohibit Discriminatory Practices Related to the 340B Drug Pricing Program"
(Sen. Ned Claxton)
MaineHealth Position: Support

The Health Coverage, Insurance and Financial Services Committee voted in opposition to legislation that would have prohibited pharmaceutical manufacturers, pharmacy benefit managers (PBMs), and insurers from discriminating against 340B entities. The bill was based on a recently passed law in Arkansas, which is currently being challenged in the courts by PhRMA. The Committee said this issue needed to be addressed at the federal level.

The 340B Drug Discount Program is a federal program, enacted in 1992, directed at safety-net providers with the purpose, according to HRSA, of enabling these entities to "stretch scarce federal resources as far as possible, reaching more eligible patients and providing more comprehensive services." Health systems, like MaineHealth, are then able to invest the savings in community benefits, like medication assistance programs and free health care to all regardless of ability to pay.

Brian Marden, Chief Pharmacy Officer at MaineHealth, testified in strong support of this legislation when it was before the Committee. Brian shared that because pharmaceutical manufacturers have reduced or completely blocked access to purchase some or all of their medications at 340B prices, MaineHealth Covered Entities experienced a $30 million 340B loss last year alone.

LD 1945, "An Act to Regulate the Use of Biometric Identifiers"
(Rep. Maggie O'Neil)
MaineHealth Position: Did Not Testify

Legislation that would regulate the collection and use of biometric identifiers (fingerprints, facial recognition etc.) died between the Chambers. The legislation was modeled after an Illinois law, and would have provided for a private right of action for an aggrieved individual who had biometric identifiers obtained or used in violation to the new provisions of the bill.

As one example, health systems, including MaineHealth, use biometric identifiers so that care team members can safely access pharmaceuticals for hospitalized patients. The MaineHealth Government Affairs Team expects similar legislation to be introduced in the 131st Legislature.

Bills Related to Workforce

LD 1338, "An Act to Prohibit Employers from Retaliating against the Use of Earned Paid Leave"
(Rep. Rebecca Millett)
MaineHealth Position: Did Not Testify

The Legislature failed to override the Governor's veto of legislation that would have prohibited employers from retaliating against employees for the use of Earned Paid Leave.

Bills that Legislate Medicine

LD 1582, "An Act to Enact the Maine Psilocybin Services Act"
(Sen. Donna Bailey)
MaineHealth Position: Opposed

Legislation that that would have established a framework to provide psilocybin products in Maine died between the Chambers.

Sarah Calder testified in opposition to the bill when it was before the Health and Human Services Committee and shared that the legislation blurred the lines between recreational use and psilocybin-assisted psychotherapy, and did include the appropriate regulations to ensure safety.

Bills Related to Public Health Health

LD 1550, "An Act to End the Sale of Flavored Tobacco Products"
(Rep. Michele Meyer)
MaineHealth Position: Support

Legislation that would have banned the sale of flavored tobacco products was never taken up for a vote in the House, and subsequently died when the Legislature adjourned sine die.

Dr. Annie Coates, Pediatric Pulmonologist at Maine Medical Center, testified in support of this legislation when it was before the Health and Human Services Committee. Dr. Coates shared the alarmingly statistic that one in four Maine high school students now using e-cigarettes – a rate that has nearly doubled in the past two years.

LD 1523, "An Act to Establish the Trust for a Healthy Maine"
(Rep. Rebecca Millett)
MaineHealth Position: Neither For Nor Against

The Legislature failed to fund legislation that would have created a trust to replace the Fund for a Healthy Maine.

While MaineHealth strongly supports adequately funding the state tobacco prevention and treatment program, we had significant concerns about the budget challenges created by this legislation, specifically related to moving the $30 million in MaineCare Payments to Providers from the Fund for a Healthy Maine to the General Fund. Sarah Calder shared those concerns when this legislation was before the Health and Human Services Committee.

LD 1693, "An Act to Advance Health Equity, Improve the Well-being of All Maine People and Create a Health Trust"
(Rep. Rachel Talbot Ross)
MaineHealth Position: Neither For Nor Against

The Legislature failed to fund significantly amended legislation that would have created an Obesity Advisory Council within the Department of Health and Human Services, funded an Obesity Care Coordinator in the Maine CDC, and created an Office of Population Health Equity. The original bill included language that would have banned the sale of flavored tobacco, increased the tobacco tax, and created an external trust to replace the Fund for a Healthy Maine.

For questions related to this report, please contact:

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