EXECUTIVE SUMMARY

The 2021 End of Session Report provides a snapshot of the key bills that the MaineHealth Government Affairs Team tracked and worked on during the First Regular Session and First Special Session of the 130th Maine Legislature. Since the Session began in January, we have tracked, analyzed, and weighed in on over 400 bills and amendments that are of interest to MaineHealth and its local health systems. Importantly, the Government Affairs Team and internal experts, like you, testified on over 90 bills, a record number.

With your assistance, the Government Affairs Team advanced many important initiatives, including securing a MaineCare reimbursement rate for Southern Maine Health Care's new psychiatric beds in Sanford that will cover the cost of care and $23 million in provider relief funds for hospitals. We also amended or defeated bills that would have negatively impacted our ability to provide access to high quality care in our communities, including legislation that would have prohibited hospitals from restricting parents' access to their minor and adult children, regardless of a public health emergency.

The historic First Regular Session was largely conducted virtually and adjourned Sine Die (without day) on March 30, after passing along party lines a biennial budget that Democrats referred to as the "Back to the Basics" budget. The approved-budget made only limited changes to the existing Fiscal Year 2021 budget, which expired on June 30.

After adjourning, party leaders agreed that legislative committees should continue meeting and the full Legislature returned to the State House in June to complete their work as part of the First Special Session. The Legislature adjourned on June 18 with several key bills left unresolved, including the Governor's proposed Change Package that built on the biennial budget and the Governor's proposal to invest more than $1 billion in discretionary Federal relief funds allocated to Maine under the American Rescue Plan Act (ARPA).

When the Legislature returned for Veto Day in July, it approved a bipartisan compromise on the Governor's Change Package to the biennial budget that, importantly, included funding for MaineHealth priorities such as Medication Management and Coordinated Specialty Care, and added over $500 million to the Department of Health and Human Services over the biennium.

In one of its final actions, the Legislature invested $986 million from the American Rescue Plan Act in various initiatives, including workforce development and retention. Of importance to MaineHealth, the Legislature invested $2 million in the Doctors for Maine's Future scholarship program and $1 million in the Nursing Education Loan Repayment Program. The First Special

Session adjourned Sine Die on July 19 and the Legislature is not expected to return to the State House until the fall, if there is a special session to address the new congressional and legislative districts as a result of redistricting, or January when the next session begins.

The Government Affairs Team compiled the following overview of key bills addressed this Session that are relevant to MaineHealth and its members. **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 you for the assistance you provided in analyzing legislation, crafting talking points, drafting testimony, and, most importantly, for reaching 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 March 30, 2021. Unless specifically noted below the effective date for all legislation passed into law during the First Regular Session is **June 29, 2021. Laws passed during the First Regular Session are denoted by an asterisk*.** Bills passed during the First Special Session become effective **October 18, 2021**, unless otherwise specified.

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PUBLIC LAWS

Laws Related to Health Care Operations

LD 1, "An Act to Establish the COVID-19 Patient Bill of Rights and to Amend the Governor's Emergency Powers"*
(Senate President Troy Jackson)
MaineHealth Position: Qualified Support
Requires Implementation

Public Law, Chapter 28 became law without the Governor's signature and establishes certain requirements for COVID-19 vaccines, testing, and treatment, as well as prescription refill quantities, including:

- Requiring providers to provide prior notice to patients of any payment or upfront charge and the amount for COVID-19 screening and testing, and:
    - If the patient will need to submit a claim to their health insurance carrier;
    - Provide the form requesting emergency MaineCare coverage; and
    - Inform the patient that there are locations where testing services are provided for free and are listed on the State's website.
- Authorizing a pharmacist to administer and order a COVID-19 vaccine;
- Allowing for the delegation of authority by an on-site clinician for the administering of COVID-19 vaccines at vaccine sites;
- Requiring health insurance carriers to provide coverage for COVID-19 screening, testing, and vaccines without cost-sharing (except if the testing is part of a surveillance testing program); and
- Prohibiting out-of-network providers from balance billing for COVID-19 screening and testing.

It also directs the Governor to ensure that health care services and surgeries are not considered nonessential services during a declared state of emergency. This law became effective on March 25, 2021.

In February, Katie Fullam Harris testified in qualified support of this legislation and expressed concern with certain components of the bill, including that providers are prohibited from billing uninsured patients for COVID-19 vaccinations without funding support from the State. This provision remained in the law, leaving providers financially responsible for the cost and administration of COVID vaccines for uninsured patients once the pandemic ends.

LD 5, "An Act Concerning the Reporting of Health Care Information or Records to the Emergency Medical Services' Board"*
(Sen. Heather Sanborn)
MaineHealth Position: Monitor

Public Law, Chapter 15 allows the Emergency Medical Services' Board to collect and receive health care records from hospitals and physicians for the purpose of monitoring and improving the delivery of emergency medical services and health outcomes. A hospital or physician that participates in a state-designated health information exchange (HealthInfoNet) can satisfy the Board's request by authorizing the Board to retrieve the record from the HIE. Records requested must be for patients that received emergency medical treatment.

The law directs the Board to adopt rules regarding the collection and reporting of records, including the frequency of reporting by hospitals and physicians. The law took effect immediately and MaineHealth Government Affairs will monitor the rulemaking process.

LD 8, "An Act to Support Collection and Proper Disposal of Unwanted Drugs"
(Sen. Anne Carney)
MaineHealth Position: Monitor
Requires Implementation

Public Law, Chapter 94 requires pharmaceutical manufacturers to operate a drug take-back stewardship program that accepts all covered drugs regardless of who manufactured the drug. A manufacturer must submit its stewardship program plan to the Department of Environmental Protection before July 1, 2022.

Under the law, pharmacies, with the exception of a pharmacy that purchases drugs for and dispenses drugs to a limited, institutional patient population, must participate in the stewardship program and provide for the safe collection of covered drugs through mail-back envelopes, collection receptacles, or any other DEA-approved collection method.

LD 46, "An Act to Further Protect Consumers from Surprise Medical Bills"
(Rep. Denise Tepler)
MaineHealth Position: Monitor
Requires Implementation

Public Law, Chapter 222 updates Maine's current surprise billing law (Chapter 668), which uses the median rate in the geographic area where the patient resides to reimburse out-of-network providers, and amends the law to use the geographic area where the provider is located. It also amends the current law to prohibit an out-of-network provider from initiating the dispute resolution process following a dispute resolution for a particular health care service for that same health care service for 90 days. This law became effective immediately.

LD 120, "An Act to Lower Health Care Costs through the Establishment of the Office of Affordable Health Care"
(Sen. Troy Jackson)
MaineHealth Position: Neutral

Public Law, Chapter 459 became law without the Governor's signature and creates the Office of Affordable Health Care as an independent executive agency that will track, analyze, and report upon cost information and quality as it relates to changes in cost. The Office is required to hold an annual public hearing on cost trends no later than October 1st annually at which point the public may comment on health care cost trends. The Office is required to submit an annual report to the Governor, Health Coverage, Insurance and Financial Services Committee, and the Advisory Council on Affordable Health Care (established by this law).

There are no mandates upon providers, and data will be acquired from publicly available sources. Such analyses are not currently available to the Legislature, and so the hospital community was neutral on this legislation.

LD 330, "An Act to Improve the Process of Disposal of Hospice Medications Used in the Home"
(Rep. Lori Gramlich)
MaineHealth Position: Monitor
Requires Implementation

Public Law, Chapter 193 directs hospice providers to provide a written policy to clients and their families regarding the safe use, storage, and disposal of controlled substances in the home. The law also requires providers to send a letter within 30 days of the client's death to the client's family with a reminder that the family is expected to dispose of the client's medications.

LD 475, "Resolve, To Create the Frequent Users System Engagement Collaborative"
(Rep. Victoria Morales)
MaineHealth Position: Monitor

Resolve, Chapter 23 creates a Frequent Users System Engagement Collaborative to develop a plan to provide stable housing and community services to 200 persons who are homeless or at risk of homelessness and who are the most frequent consumers of high-cost services, such as psychiatric hospitals, emergency shelters, emergency rooms, police, jails and prisons. In addition to the Department of Health and Human Services and Department of Corrections, the membership of the collaborative will include ED providers, psychiatric hospitals, and community-based behavioral health providers. This resolve took effect immediately.

LD 523 and LD 617, "An Act Regarding Prior Authorizations for Prescription Drugs"
(Sen. Ned Claxton and Rep. Heidi Brooks)
MaineHealth Position: Support

Public Law, Chapter 73 requires insurance carriers to adopt by Jan. 1, 2022 an electronic tool that would provide real time electronic transmission of certain prescription drug benefit information.

In March, Sarah Calder testified in support of this legislation and shared that MaineHealth prescribers struggle with Prior Authorizations for common medications, and this administrative burden has a real impact on the patients we are trying to care for – and only delays their treatment and access to lifesaving medicine.

LD 631, "An Act to Provide Funding for Maine's Health Insurance Consumer Assistance Program"
(Sen. Stacy Brenner)
MaineHealth Position: Support

Public Law, Chapter 206 became law without the Governor's signature and provides funding for Consumers for Affordable Health Care (CAHC).

In March, Sarah Calder submitted written testimony in support of this legislation and shared that CAHC is a critical partner to MaineHealth Access to Care and its work to ensure that individuals have access to affordable, high quality health coverage.

LD 945, "An Act Regarding Notice by Health Insurance Carriers of Policy Changes"
(Rep. Josh Morris)
MaineHealth Position: Support; Maine Hospital Association-Sponsored Legislation Requires Implementation

Public Law, Chapter 311 clarifies, effective Jan. 2022, that if health insurance carriers provide notice of a material change to a provider agreement, manual, policy, or procedure in an e-mail, the subject line must indicate that notice of the amendment is included in the communication and the amendment must also be attached.

In April, Penelope St. Louis, Assistant Vice President of Payor Contracting at MaineHealth, testified in support of the original legislation that would have required insurance carriers give written notice to health care providers of mid-year policy changes and be the only subject of the written communication. She shared that MaineHealth recently engaged, at a cost of upwards of $120,000 per year, an outside programmer to develop a "web crawler" which searches various payor sites to identify new policies or changes. It should not require a financial investment on the part of a provider to stay up-to-date on arbitrary policy changes being made that significantly affect reimbursement and increase administrative burden mid-contract.

LD 1045, "An Act to Support Universal Health Care"
(Rep. Heidi Brooks)
MaineHealth Position: Monitor

Public Law, Chapter 391 became law without the Governor's signature and establishes the groundwork for a state-based universal health plan should Congress enact legislation that authorizes a state to obtain a waiver to establish a state-based universal health care plan and provides federal financing to support the implementation of such a plan.

LD 1064, "An Act to Advance Palliative Care Utilization in the State"
(Rep. Margaret Craven)
MaineHealth Position: Support, Did Not Testify
Requires Implementation

Public Law, Chapter 438 directs MaineCare to reimburse for palliative care for the entire interdisciplinary team, as appropriate to the plan of care, regardless of setting, including hospitals, nursing homes, outpatient clinics and home care providers.

LD 1144, "An Act to Amend the Law Regarding Advance Health Care Directives"
(Rep. Amy Roeder)
MaineHealth Position: Support
Requires Implementation

Public Law, Chapter 452 allows remote signing of advanced health care directives for patients in isolation in a hospital or nursing home with an infectious disease using 2-way audiovisual communication technology.

In April, Sarah Calder testified in support of this bill and shared that MaineHealth strongly supports patient-centered advanced care planning decision making, and we employ health educators who assist individuals with completing advance care directives. This legislation will ensure that patients are able to complete an advance care directive, which can be critical to directing their ongoing care, even in the instances where the patient is isolated for infection prevention purposes and documents cannot be taken into their room for that reason.

LD 1469, "Resolve, To Provide Add-on Payments for Ambulance Services Reimbursed by the MaineCare Program and To Increase Reimbursement Rates for Physical Therapy under the MaineCare Program"
(Health and Human Services Committee Bill)
MaineHealth Position: Support, Did Not Testify
Requires Implementation

Resolve, Chapter 118 became law without the Governor's signature and provides add-on payments for ambulance services that are based on the same geographic urban, rural and super rural zip codes that are used by Medicare, and increases the reimbursement rate for physical therapy to 57% of the Medicare rate.

LD 1618, "Resolve, To Place a Temporary Moratorium on the Approval of Any New Motor Vehicle Registration Plates and Initiate a Registration Plate Working Group"
(Sen. Bill Diamond)
MaineHealth Position: Opposed

Resolve, Chapter 108 became law without the Governor's signature and places a temporary, two-year moratorium on new specialty license plates. The Resolve also directs the Bureau of Motor Vehicles (BMV) to convene a working group to study specialty license plates, including examining the benefits, determents, and legal issues arising from specialty license plates. The BMV must provide a report to the Transportation Committee on its findings and recommendations by February 1, 2022.

In May, Matthew Parks at The Barbara Bush Children's Hospital at Maine Medical Center (BBCH), submitted testimony in opposition to the legislation and shared that the BBCH specialty license plate has generated $285,000 in unrestricted funds to enhance patient care for some of the sickest children in the state. This legislation would prevent BBCH from establishing additional plates in each of the motorcycle, trailer, and commercial classes.

Laws Related to Workforce

LD 4, "An Act to Amend the Maine Pharmacy Act"
(Sen. Heather Sanborn)
MaineHealth Position: Monitor
Requires Implementation

Public Law, Chapter 289 directs the Office of Professional and Occupational Regulation to establish a process to issue a license by endorsement to an applicant who is licensed and in good standing in another state. The law also changes the definition of a "pharmacist in charge" to mean a pharmacist who accepts responsibility for the operation of a licensed pharmacy in conformance with applicable laws. The Board of Pharmacy intends to issue rulemaking related to a "pharmacist in charge" of multiple pharmacies, which was a concern raised by the hospital community during the debate on LD 4.

The law takes effect immediately and MaineHealth Government Affairs will monitor the rulemaking process.

LD 31, "An Act to Adopt the Occupational Therapy Licensure Compact"
(Sen. Heather Sanborn)
MaineHealth Position: No Position

Public Law, Chapter 324 enacts the Occupational Therapy Licensure Compact. Eight states, including Maine, have enacted the Compact.

LD 61, "An Act to Include Grandparents under Maine's Family Medical Leave Laws"
(Rep. Paul Sterns)
MaineHealth Position: Monitor
Requires Implementation

Public Law, Chapter 189 updates Maine's current medical leave law to allow an employee to request leave for a grandchild and a domestic partner's grandchild with a serious health condition.

LD 119, "An Act to Increase Faculty in Nursing Education Programs by Amending the Nursing Education Loan Repayment Program"
(Rep. Michele Meyer)
MaineHealth Position: Support

Prior to adjourning, the Legislature invested $1 million of American Rescue Plan Act (ARPA) funds in the Nursing Education Loan Repayment Program, and updated the Program to more accurately reflect the estimated cost of advanced nursing degrees. Despite receiving funding, LD 119 remains on the Special Appropriations Table, and could be considered by the Legislature next session, although it's highly unlikely.

In February, Paula White, Senior Director for the Center for Clinical & Professional Development & Nursing Academic Affairs at Maine Medical Center and MaineHealth, testified in strong support of this legislation before the Joint Standing Committee on Innovation, Development, Economic Advancement and Business. Paula was one of many to share with the Committee that hospitals and the state's nursing programs have made inroads in addressing the nursing shortage, but legislative action is needed if we're going to be successful in meeting the increased workforce demands.

LD 149, "An Act to Facilitate Licensure for Credentialed Individuals from Other Jurisdictions"
(Rep. Kristen Cloutier)
MaineHealth Position: Support

Public Law, Chapter 167 is a result of the Working Group to Study Barriers to Credentialing formed by Resolve 2019, Ch. 79. The group, which included Dr. Linda Butler, Administrative Director of Psychiatry at Maine Medical Center, worked to identify barriers and recommend ways to enable foreign-credentialed and foreign-skilled individuals and out-of-state license holders to become part of Maine's workforce and economy.

Chapter 167 allows the Director of the Office of Professional and Occupational Regulation to exercise discretionary authority, with consultation of the licensing board, to waive documentation requirements, examination and license fees, and to grant provisional licenses to applicants educated in or with relevant experience or licensure in other jurisdictions, including other states and foreign nations.

In March, Sarah Calder testified in support of this legislation and shared that this is an important step to help ensure new Mainers are able to access employment opportunities using their relevant experience, education, and licensure or credential.

LD 273, "An Act to Sustain the Doctors for Maine's Future Scholarship Program"
(Rep. Sam Zager)
MaineHealth Position: MaineHealth-Sponsored Legislation

Prior to adjourning, the Legislature invested $2 million of American Rescue Plan Act (ARPA) funds in the Doctors for Maine's Future Scholarship Program. The program provides tuition scholarships of $25,000 per year, per qualifying Maine student enrolled in Maine Medical Center's Maine Track program or the University of New England's College of Osteopathic Medicine. Despite receiving funding, LD 273 remains on the Special Appropriations Table, and could be considered by the Legislature next session, although it's highly unlikely.

In February, Dr. Jo Linder, Assistant Dean for Students for the Tufts University School of Medicine Maine Medical Center Maine Track Program, Dr. Caleb Swanberg, and Maine Track Class of 2021 students, Tad Olsen and Rebecca Bell, testified in support of this legislation.

LD 374, "An Act to Allow Veterans, Active Duty Service Members and Their Spouses to Apply for Temporary Occupational Licenses"
(Sen. Chip Curry)
MaineHealth Position: Support

Public Law, Chapter 106 facilitates the speedy issuance of temporary licenses to active duty military, recently separated veterans, and their spouses or domestic partners provided they already hold a reasonably equivalent license from another state.

In March, Sarah Calder testified in support of this legislation and shared that it is imperative that we look at innovative programs and policy changes that support, attract and retain individuals new to the state in order to address our current workforce shortage.

LD 504, "Resolve, Regarding Certification for Certain Mental Health Rehabilitation Technicians"
(Rep. Melanie Sachs)
MaineHealth Position: Monitor

Resolve, Chapter 69 became law without the Governor's signature and directs the Department of Health and Human Services to amend its guidelines for the mental health rehabilitation technician/community certification (MHRT/C certification) by Oct. 1, 2021 to allow an individual who has completed a 4-year postsecondary educational degree program or a graduate degree in a mental health-related field to receive the MHRT/C certification.

LD 603, "An Act Regarding the Practice of Pharmacy"
(Sen. Heather Sanborn)
MaineHealth Position: Support

Public Law, Chapter 146 recognizes pharmacists as providers.

In April, Corinn Martineau, Clinical Pharmacy Specialist in Primary Care at Maine Medical Center, and Dr. Beth Wilson, Chair of Family Medicine at Maine Medical Center, testified in support of legislation.

LD 610, "An Act to Amend the Laws Governing Employer Recovery of Overcompensation Paid to an Employee"
(Rep. Donna Doore)
MaineHealth Position: Monitor
Requires Implementation

Public Law, Chapter 425 limits the maximum amount an employer may withhold from an employee's pay to recover overcompensation because of employer error from 10% to 5%. It also prohibits the employer from recovering more than the amount of overcompensation paid to the employee in the 3 years preceding the date of the discovery of the overcompensation.

LD 863, "An Act to Have Maine Join the Interstate Psychology Interjurisdictional Compact"
(Rep. Denise Tepler)
MaineHealth Position: No Position

Public Law, Chapter 331 enacts an interstate psychology compact (PSYPACT), which regulates the practice of telepsychology across state lines in states that have adopted the compact, and the temporary in-person practice of psychology. Twenty-six states have enacted PSYPACT legislation, including Maine and New Hampshire.

LD 998, "An Act to Amend the Continuing Education Requirement for Pharmacists"
(Rep. Denise Tepler)
MaineHealth Position: MaineHealth-Sponsored Legislation

Public Law, Chapter 84 removes the drug administration continuing education requirement for pharmacists that are not certified in Maine to administer drugs and immunizations.

In April, Brian Marden, Chief Pharmacy Officer at MaineHealth, testified in support of this MaineHealth-sponsored legislation.

LD 1167, "An Act Relating to Fair Chance in Employment"
(Rep. Rachel Talbot Ross)
MaineHealth Position: Monitor
Requires Implementation

Public Law, Chapter 404 places restrictions on employers' ability to request criminal history information of prospective employees on the initial employee application form and in interviews – also known as "ban the box" legislation. Importantly, the law provides an exception if there is a federal or state law, regulation, or rule that creates a mandatory or presumptive disqualification based on a conviction for that particular position, or if the employer is subject to an obligation imposed by a federal or state law, regulation, or rule not to employ a person who has been convicted of one or more types of criminal offenses.

LD 1564, "An Act to Amend the Laws Governing Unemployment Compensation"
(Sen. Eloise Vitelli)
MaineHealth Position: Monitor

Public Law, Chapter 456 makes a variety of changes to the laws governing Unemployment Insurance, including benefits and eligibility, and is expected to raise costs for employers.

Laws that Legislate Medicine

LD 60, "An Act to Clarify the Minimum Amount of Emergency Refills of Insulin"*
(Rep. Denise Tepler)
MaineHealth Position: Neither for Nor Against
Requires Implementation

Public Law, Chapter 20 updates an existing law that authorizes a pharmacist to dispense emergency refills of insulin for individuals who have evidence of a previous prescription. Chapter 20 clarifies that a pharmacist can dispense at least a 30-day supply of insulin unless the patient requests a smaller quality. It also requires pharmacists to immediately notify the patient's practitioner that an emergency refill of insulin was dispensed and instruct the patient to seek follow-up care from their practitioner as soon as possible. This law became effective immediately.

In February, Sarah Calder testified Neither for Nor Against this legislation and shared the concerns of MaineHealth's Clinical Advocacy Committee that without limits on the number of emergency refills, a patient may find it unnecessary to maintain appointments and regular care with their primary care provider or endocrinologist, which could have negative impacts on their overall health and wellbeing.

LD 529, "Resolve, To Direct the Department of Health and Human Services to Review the Needs of Persons with Low-incidence Health Conditions"
(Sen. Anne Carney)
MaineHealth Position: Monitor

Resolve, Chapter 22 directs the Department of Health and Human Services to review the needs of individuals with low-incidence health conditions, like cystic fibrosis, including the unmet needs due to insufficient funding for the Department's Children with Special Health Needs Program.

LD 673, "An Act to Create the Insulin Safety Net Program"
(Sen. Cathy Breen)
MaineHealth Position: Support
Requires Implementation

Public Law, Chapter 303 creates the Insulin Safety Net Program and requires manufacturers of insulin to establish a patient assistance program. If found eligible for the assistance program, an individual can receive a 90-day supply of insulin at their pharmacy for no more than $50, and under the manufacturer's copayment assistance program, an eligible individual may not be required to pay more than a copayment of $35 for a 30-day supply of insulin. It also authorizes a pharmacist to dispense an emergency insulin supply, capped at $35 for a 30-day supply, to patients who cannot otherwise afford it by virtue of having high-deductible or high-copay insurance, coverage by a self-funded insurance plan (and thus, not covered by Public Law, Chapter 666), or no insurance.

In April, Dr. Irwin Brodsky, testified in support of this bill and shared that it will save lives, prevent severe morbidity, reduce emergency department visits, and reduce hospitalizations.

LD 790, "An Act Clarifying Patient Consent for Certain Medical Examinations"
(Rep. Vicki Doudera)
MaineHealth Position: Support; Maine Hospital Association-Sponsored Legislation
Requires Implementation

Public Law, Chapter 92 clarifies that only verbal consent is needed before performing pelvic, rectal, and prostate exams on conscious patients. The law became effective immediately.

In April, Dr. Liz Erekson, Chair of the Department of Obstetrics and Gynecology at Maine Medical Center, testified in support of this legislation and shared that the law passed by the 129th Legislature was intended to protect patients in certain training contexts, but, as drafted, prohibits a health care provider from providing any pelvic, rectal, or prostate exam without written consent from the patient. Adding barriers to providers' ability to perform necessary pelvic exams on patients will lead to delays in care and sub-optimal care.

LD 791, "An Act Regarding Telehealth Regulations"
(Sen. Heather Sanborn)
MaineHealth Position: Support

Public Law, Chapter 291 directs health insurance carriers to cover telehealth services as directed by the rules, if any, of the individual licensing boards related to standards of practice for the delivery of a health care service through telehealth. For example, insurance carriers would be required to cover telephonic services if the licensing board allows for care to be delivered telephonically. Chapter 291 also allows a MaineCare patient to provide verbal, electronic, or written consent for services provided through telehealth. Payment parity and out-of-state licensing were not addressed in the law.

This law became effectively immediately with the intention of ensuring an orderly transition of services from the end of the Governor's State of Civil Emergency and the telehealth flexibilities provided during her Declaration.

In May, Jasmine Bishop, Director of Telehealth, testified on a package of telehealth bills and shared that the telehealth (including telephonic) offerings must be reimbursed at the same rate as the equivalent in-person visit, and that licensure protects patients whether the provider is in-person or in another state.

LD 1115, "An Act to Improve Access to HIV Prevention Medications"
(Sen. Heather Sanborn)
MaineHealth Position: Support
Requires Implementation

Public Law, Chapter 265 requires health insurance carriers to cover at least one FDA-approved HIV prevention drug for each method of administration with no out-of-pocket cost, and at least one drug for each method of administration without prior authorization or step therapy requirements. The law also allows, under certain conditions, pharmacists to dispense HIV prevention drugs without a prescription from a prescriber.

In April, Tiffany Townsend, Nurse Practitioner and HIV Specialist at the Gilman Clinic at Maine Medical Center, testified in support of this legislation and shared that it will remove barriers and expand access to these lifesaving medications, which will reduce HIV transmission and save lives.

LD 1333, "An Act Concerning the Controlled Substances Prescription Monitoring Program and the Dispensing of Naloxone Hydrochloride by Emergency Medical Services Providers"
(Rep. Sam Zager)
MaineHealth Position: Support

Public Law, Chapter 161 authorizes EMS providers to dispense naloxone to at-risk individuals and their friends and family. It also authorizes the chief medical officer, medical director or other administrative prescriber employed by a Federally Qualified Health Center or group practice to access the Controlled Substances Prescription Monitoring Program. The law took effect immediately.

In April, Sarah Calder testified in support of this legislation and shared that Maine is currently experiencing an epidemic within a pandemic with the overdose deaths in 2021 on track to exceed the overdose deaths last year; this bill could be the difference between life and death.

LD 1268, "An Act to Provide Greater Access to Treatment for Serious Mental Illness by Restricting Prescription Drug Utilization Management by an Insurance Carrier"
(Sen. Trey Stewart)
MaineHealth Position: Support

Public Law, Chapter 345 directs health insurance carriers to approve a prior authorization request for medication on the carrier's prescription drug formulary that is prescribed to assess or treat an enrollee's serious mental illness.

In April, Sarah Calder testified in support of this legislation and shared that the pandemic has created greater strains on the behavioral health system and clients' ability to access timely care. Clients should not be forced to "fail first" in order to receive the appropriate medication.

LD 1293, "An Act to Improve Access to Certain Injectable Medications Approved by the Federal Food and Drug Administration"
(Sen. Ned Claxton)
MaineHealth Position: Qualified Support
Requires Implementation

Public Law, Chapter 271 authorizes pharmacists to administer to adults injections of FDA-approved drugs upon the order of a licensed health care practitioner or as part of a collaborative practice agreement.

In April, Sarah Calder testified in qualified support of the original legislation, which was limited to long-acting injectable medication used to treat mental illness and substance use disorder. Sarah expressed support for increasing access to these highly effective and, oftentimes, lifesaving medications, but urged the Committee to amend the legislation to reflect that long-acting injectable therapy used to treat mental illness should not be modified or discontinued by the pharmacist without the approval and consultation of the patient's behavioral health provider. Chapter 271 allows a pharmacist to discontinue an injectable drug upon the order of a licensed health care practitioner or if it is included in the collaborative practice agreement – and with timely notice to the practitioner.

LD 1373, "An Act to Keep All Maine Students Safe by Restricting the Use of Seclusion and Restraint in Schools"
(Rep. Rebecca Millett)
MaineHealth Position: Oppose
Requires Implementation

Public Law, Chapter 453 became law without the Governor's signature and allows seclusion and restraint in schools with parent or guardian consent. It also requires schools to report annually to the Department of Education on incidents of physical restraint and seclusion. Additionally, the law defines "timeout" as an intervention where a student requests or complies with an adult request for a break. "Timeout" is not considered seclusion, which is defined as the involuntary isolation or confinement of a student alone in a room or clearly defined area from which the student does not feel free to go or is physically denied exit.

The Department is required to adopt major substantive rules to implement this law and MaineHealth Government Affairs will monitor the rulemaking process.

While MaineHealth agreed with the goal of the legislation to reduce the use of restraint and seclusion in schools, we had significant concerns with the original legislation that would have prohibited the use of restraint and prohibited seclusion in all schools as Maine Behavioral Healthcare (MBH) operates 3 distinct school-based treatment programs.

When the bill was before the Education Committee, Dr. Matt Siegel, Vice President of Medical Affairs for the Developmental Disorders Service Line of Maine Behavioral Healthcare, testified in opposition to the original bill and shared that, in some instances, seclusion is safer than utilizing physical restraint, and the bill stripped special purpose schools of the appropriate tools to safely manage behavioral challenges in some children with developmental disabilities.

Laws Related to Behavioral Health

LD 118, "An Act to Address Maine's Shortage of Behavioral Health Services for Minors"
(Rep. Jay McCreight)
MaineHealth Position: Support

Public Law, Chapter 191 requires the Department of Health and Human Services to collect data on the number of children and adolescents with behavioral health needs that are "stuck" in hospital emergency departments for longer than 48 hours and the reasons for the extended stay. The Department must provide annual reports by January 1 of each year to the Health and Human Services Committee with this data as well as the number of children served by crisis providers.

In February, Mary Jane Krebs, President of Spring Harbor Hospital testified in strong support of the original legislation which would have required data collection of children stuck longer than 24 hours in hospital emergency departments and directed the Children's Cabinet develop a comprehensive plan to address this critical issue. She shared that Maine simply does not have the continuum of residential and community-based treatment options required to support our most vulnerable, and, as a result, MaineHealth's local health systems are challenged daily with children and adolescents who are stuck in emergency departments for long periods of time awaiting the next appropriate level of care. The Office of Child and Family Services opposed the original legislation citing "concerns about the benefit of providing public reporting as required under the legislation when balanced against the very small percentage of all Maine children who experience an extended stay in an emergency department."

LD 642, "An Act to Ensure That Children Receive Behavioral Health Services"
(Rep. Lori Gramlich)
MaineHealth Position: Opposed as Originally Drafted

Public Law, Chapter 302 authorizes licensed psychologists, social workers, and clinical professional counselors to provide services with the consent of one of the minor's parents or guardian. These providers are not prohibited from informing the other parent or guardian of the services provided to the minor. This law takes effect on October 18, 2021.

Dr. Roslyn Gerwin, Child and Adolescent Psychiatrist at Maine Medical Center, testified in strong opposition to the original legislation that would have required parents to enter mediation if one parent opposed providing behavioral health services to a minor child as it would ultimately delay care. MaineHealth was neutral on the amended version of the legislation.

LD 674, "An Act to Support Early Intervention and Treatment of Psychotic Disorders"
(Sen. Cathy Breen)
MaineHealth Position: MaineHealth-Sponsored Legislation
Requires Implementation

Funding for Coordinated Specialty Care (CSC), which is the standard of treatment of First Episode Psychosis, was included in the bipartisan Change Package approved by the Legislature. The Portland Identification and Early Referral (PIER) Program at Maine Medical Center uses the CSC model, and has demonstrated a marked reduction in re-hospitalization rates, in addition to providing quality and effective care for the last 20 years.

LD 674 remains on the Special Appropriations Table, and could be considered by the Legislature next session, although it's highly unlikely. The Change Package took effect on July 1, 2021, but the Department of Health and Human Services must receive CMS approval of a waiver or state plan amendment before developing the rate. MaineHealth Government Affairs will continue to monitor the process.

LD 785, "An Act to Change the Standard for Taking a Person into Protective Custody"
(Rep. Barbara Cardone)
MaineHealth Position: No Position

Public Law, Chapter 377 became law without the Governor's signature and changes the standard for protective custody; law enforcement has probable cause if they believe the person to be mentally ill and, due to that condition, the person poses a likelihood of serious harm, as defined:

- A substantial risk of physical harm to the person as manifested by recent threats of, or attempts at, suicide or serious self-inflicted harm;
- A substantial risk of physical harm to other persons as manifested by recent homicidal or violent behavior or by recent conduct placing others in reasonable fear of serious physical harm; or
- A reasonable certainty that the person will suffer severe physical or mental harm as manifested by recent behavior demonstrating an inability to avoid risk or to protect the person adequately from impairment or injury.

LD 868, "An Act to Provide for Consistency regarding Persons Authorized to Conduct Examinations for Emergency Involuntary Commitment and Post-admission Examinations"
(Rep. Lois Reckitt)
MaineHealth Position: Support
Requires Implementation

Public Law, Chapter 389 became law without the Governor's signature and would allow advanced practice providers to recertify emergency involuntary commitment or "blue papers."

In April, Dr. Rob McCarley, Vice President of Medical Affairs at Maine Behavioral Healthcare and Spring Harbor Hospital, testified in support of this legislation and shared that it would allow for better patient flow at Spring Harbor Hospital.

LD 869, "Resolve, Directing the Department of Health and Human Services To Review the Progressive Treatment Program and Processes by Which a Person May Be Involuntarily Admitted to a Psychiatric Hospital or Receive Court-ordered Community Treatment"
(Rep. Anne Perry)
MaineHealth Position: MaineHealth-Sponsored Legislation

Resolve, Chapter 60 convenes a stakeholder group to review the progressive treatment program (PTP) and identify barriers that limit the participation of non-state mental health institutions in that program. The resolve became effectively immediately, and the Department of Health and Human Services is required to report the stakeholder group's findings back to the Health and Human Services Committee by December 1, 2021.

PTP is a court order that essentially establishes a contract between the patient and an outpatient psychiatric treatment team. It states that the patient will agree to remain on their medications and to regularly meet with their therapist, psychiatrist, case manager, and generally participate in their treatment program laid out in the PTP.

In May, Dr. Rob McCarley, Vice President of Medical Affairs for MBH Intensive Services, testified in support of this MaineHealth-sponsored legislation and shared that PTPs are underutilized across the state for a variety of reasons, and convening stakeholders to examine these reasons will ensure that there is a standard interpretation of existing statute, as well as identify barriers and potential solutions to ensure that the needs of our most vulnerable are met.

LD 964, "An Act to Expand Access to Certified Substance Use Disorder Recovery Residence Services"
(Rep. Justin Fecteau)
MaineHealth Position: Support, Did Not Testify

Public Law, Chapter 472 became law without the Governor's signature and requires recovery residences be certified in order to receive contracts from the Department of Health and Human Services, housing assistance, or vouchers.

LD 1262, "Resolve, Directing the Department of Health and Human Services to Develop a Comprehensive Statewide Strategic Plan to Serve Maine People with Behavioral Health Needs throughout Their Lifespans"
(Sen. Cathy Breen)
MaineHealth Position: MaineHealth-Sponsored Legislation

Resolve, Chapter 80 became law without the Governor's signature and directs the Department of Health and Human Services to develop a vision and comprehensive statewide strategic plan to serve people – both children and adults – in the State with behavioral health needs. The plan must be developed in collaboration with other stakeholders including consumer groups, service providers, public safety organizations, and hospitals. Among other things, the plan must address residential treatment for adults and children, outpatient treatment, and best practices for a successful transition from children's to adult services.

In April, Kelly Barton, President of Maine Behavioral Healthcare, testified in strong support of bringing stakeholders together to develop a statewide strategic plan for behavioral health that is based upon a thorough assessment of our current strengths, opportunities, weaknesses and threats.

LD 1470, "Resolve, Regarding Reimbursement for Providing Inpatient Care to Individuals with Acute Mental Health Care Needs"
(Rep. Michele Meyer)
MaineHealth Position: MaineHealth-Sponsored Legislation
Requires Implementation

Resolve, Chapter 119 became law without the Governor's signature and requires the Department of Health and Human Services to provide a MaineCare rate for Southern Maine Health Care's (SMHC) psychiatric beds in Sanford that covers the cost of care, positively impacting SMHC by more than $850,000 annually, and increasing access to inpatient psychiatric care across southern Maine.

In April, representatives from Southern Maine Health Care and Maine Behavioral Healthcare testified in strong support of this MaineHealth-sponsored legislation.

LD 1718, "An Act to Establish the Accidental Drug Overdose Death Review Panel"
(Rep. Richard Evans – Governor's Bill)
MaineHealth Position: Did Not Testify

Public Law, Chapter 292 creates the Accidental Drug Overdose Death Review Panel within the Office of the Attorney General to recommend to state, county, and local agencies methods of preventing deaths as a result of accidental drug overdoses.

Laws Related to Public Health

LD 269, "An Act to Prohibit Smoking in Bus Shelters"
(Sen. Heather Sanborn)
MaineHealth Position: Support

Public Law, Chapter 57 prohibits smoking in bus shelters.

In March, Sarah Calder testified in support, and shared that MaineHealth supports public policies that limit the public's exposure to unwanted secondhand smoke.

LD 274, "Resolve, Directing the Maine Health Data Organization To Determine the Best Methods and Definitions To Use in Collecting Data To Better Understand Racial and Ethnic Disparities in the Provision of Health Care in Maine"
(Rep. Denise Tepler)
MaineHealth Position: Monitor

Resolve, Chapter 34 directs the Maine Health Data Organization (MHDO) to determine the best methods to collect data to assist in analyzing the origins of racial and ethnic disparities in health care. The MHDO is required to submit a report to the Health Coverage, Insurance and Financial Services Committee based on its evaluation by January 1, 2022.

LD 994, "An Act to Promote Public Health by Eliminating Criminal Penalties for Possession of Hypodermic Apparatuses"
(Rep. Genevieve McDonald)
MaineHealth Position: Support

Public Law, Chapter 434 amends the possession and trafficking laws to allow for a residual amount of scheduled drugs in one or more hypodermic apparatuses, and removes from the definition of drug paraphernalia items used for testing, analyzing, injecting, ingesting, or inhaling scheduled drugs.

In April, Deb Poulin, Senior Director of Substance Use Treatment and Prevention Programming at Maine Behavioral Healthcare, submitted testimony in support of this legislation and shared that if we do not eliminate the criminal penalties for possession of hypodermic apparatuses, we are not going to achieve the level of successful impact on public health – in terms of saving lives, reducing infectious disease spread, and reducing healthcare cost.

CARRIED OVER LEGISLATION

**Legislation that received approval to be carried over until next Session will be considered when the Legislature returns in January.*

Bills Related to Health Care Operations

LD 718, "An Act to Improve the Health of Maine Residents by Closing Coverage Gaps in the MaineCare Program and the Children's Health Insurance Program"
(Rep. Rachel Talbot Ross)
MaineHealth Position: Support

Prior to adjourning, the Legislature failed to fund legislation that provides MaineCare coverage to eligible individuals regardless of immigration status and the bill remains on the Special Appropriations Table to be considered when the Legislature returns next session. Importantly, however, the Biennial Budget passed by the Legislature included MaineCare coverage for children and pregnant individuals regardless of immigration status.

In April, Dr. Beth Wilson, Chair of Family Medicine at Maine Medical Center, testified in support of this legislation and shared that the COVID-19 pandemic has magnified the impacts of health care disparities, and without health coverage, we see gaps in preventive care and delays in accessing necessary diagnostic and treatment services. This can ultimately result in a higher level of complexity and costlier treatment for conditions that could otherwise have been prevented or addressed earlier.

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

The Judiciary Committee voted to carry over to next session Maine Hospital Association-sponsored legislation that would require the Administration to fund and implement alternative assessment sites in which Yellow Flag exams would be conducted remotely. The Committee asked that stakeholders convene in the fall to work towards a compromise on the legislation.

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 a hospital emergency department. The RFP was never issued.

Dr. Tim Fox, Chief Medical Officer at LincolnHealth, testified in strong support of the bill and shared that MaineHealth's hospitals joined most other hospitals in Maine in determining that it was too dangerous to do Yellow Flag assessments as they put our care team members at further risk by bringing into our hospitals patients whose sole reason for being assessed is the likelihood of violent behavior.

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

LD 867 would prohibit the State from mandating COVID-19 vaccinations for 5 years from the date of the vaccine's Emergency Use Authorization and was carried over until next Session. A hearing was not held prior to the Legislature's adjournment.

LD 1196, "An Act Regarding Targets for Health Plan Investments in Primary Care and Behavioral Health"
(Rep. Sam Zager)
MaineHealth Position: Opposed

The Health Coverage, Insurance and Financial Services Committee voted to carry over to next Session legislation that would mandate targeted investments in primary care and behavioral health by MaineCare and private insurers, but, importantly, would also impose an artificial cap on total health care expenditures. The Committee intends to send a letter to stakeholders asking that they convene and work to present a consensus proposal to the Committee next Session.

In April, Katie Fullam Harris testified in opposition to this legislation and 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.

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

Prior to adjourning, the Legislature failed to fund LD 1386 and the bill remains on the Special Appropriations Table to be considered when the Legislature returns next session. LD 1386 directs the Department of Health and Human Services to develop a plan to establish 4 bariatric beds and an enhanced reimbursement rate no later than September 1, 2022, and establish an additional 4 beds a year for the following 3 years.

In April, Dr. Chris Wellins, Senior Medical Director of Utilization Management at Maine Medical Center, testified in support of this legislation and shared that since 2014, Maine Medical Center's 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.

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 carried over LD 1701, which would direct the Department of Health and Human Services to implement a managed care program for MaineCare.

Bills 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

The Labor and Housing Committee carried over LD 225, which would require employers pay out all accrued vacation pay to employees on cessation of employment.

LD 607, "An Act to Restore Overtime Protections for Maine Workers"
(Rep. Rachel Talbot Ross)
MaineHealth Position: Opposed, Did Not Testify

The Labor and Housing Committee carried over LD 607, which would change Maine's current formula that determines the salary threshold below which overtime must be paid and increase the threshold to over $55,000.

It is important to note that this legislation would result in an approximately $5.4 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

Prior to adjourning, the Legislature failed to fund LD 629 and the bill remains on the Study Table to be considered when the Legislature returns next session. LD 629 would 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.

In March, Sarah Calder testified in support of the amended legislation 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 Concerning Nondisclosure Agreements in Employment"
(Rep. Thomas Harnett)
MaineHealth Position: Opposed, Did Not Testify

The Legislature left LD 965, which places limitations on employers' use of nondisclosure agreements, unfinished when it adjourned in July, and will likely take the legislation up when it returns next Session.

Bills Related to Behavioral Health

LD 496, "An Act to Increase Timely Access to Mental Health Services by Increasing MaineCare Reimbursement Rates"
(Rep. Lori Gramlich)
MaineHealth Position: Support

Prior to adjourning, the Legislature failed to fund LD 496 and the bill remains on the Special Appropriations Table to be considered when the Legislature returns next session. If approved, this legislation would increase the reimbursement rate for children's Home and Community Treatment, children's residential treatment services, and outpatient therapy by 25%.

In April, Katie Fullam Harris testified in support of increasing the reimbursement rates for the continuum of behavioral health services needed to support Maine's population, including outpatient therapy and children's residential treatment services.

LD 582, "An Act to Support the Fidelity and Sustainability of Assertive Community Treatment"
(Rep. Colleen Madigan)
MaineHealth Position: Support

Prior to adjourning, the Legislature failed to fund LD 582 and the bill remains on the Special Appropriations Table to be considered when the Legislature returns next session. LD 582 would provide a 25% rate increase for Assertive Community Treatment (ACT) Team services – an evidence based model that supports individuals with high levels of need in the community.

In April, Katie Fullam Harris testified in support of this legislation, and she shared that Maine Behavioral Healthcare loses $22 per hour of ACT service.

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: MaineHealth-Sponsored Legislation

The Health and Human Services Committee voted to carry over to next session MaineHealth-sponsored legislation that directs the Department of Health and Human Services (DHHS) to update the Right of Recipients rule. The 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.

In April, Katie Fullam Harris testified in support of this legislation 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 1135, "An Act Regarding Substance Use Disorder Treatment Services and Increasing Reimbursement Rates for Those Services"
(Rep. Holly Stover)
MaineHealth Position: Support

Prior to adjourning, the Legislature failed to fund LD 1135 and the bill remains on the Special Appropriations Table to be considered when the Legislature returns next session. LD 1135 would provide a 25% reimbursement rate increase for substance use disorder outpatient and intensive outpatient services and reimburse detoxification services at cost.

In April, Katie Fullam Harris testified in support of this legislation and shared that Maine Behavioral Healthcare's substance use disorder intensive outpatient program loses an average of $59.62 for each hour of service provided.

Bills Related to Public Health

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

Prior to adjourning, the Legislature failed to fund LD 85 and the bill remains on the Special Appropriations Table to be considered when the Legislature returns next session. LD 85 would require MaineCare cover medically necessary donor breast milk, similar to the coverage provided by TRICARE. If approved next year, Maine will join at least five other states that have mandated their state Medicaid programs cover this benefit.

In February, 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.

DEFEATED LEGISLATION

Bills Related to Health Care Operations

LD 167, "An Act to Limit Late Medical Billing to 6 Months" and LD 367, "An Act to Require Timely Billing for Health Care Services"
(Sen. Matt Pouliot and Sen. Ned Claxton)
MaineHealth Position: Oppose

In April, the Joint Standing Committee on Health Coverage, Insurance and Financial Services voted Ought Not to Pass on two bills that would prohibit a health care facility's from collecting payment if a bill was provided to a patient 6 months or more after the service was provided.

Sarah Calder testified in February against these bills and shared with the Committee that while the legislation acknowledges a very real problem, it doesn't get to the root of the problem and, instead, holds health care providers liable for a process that is largely outside of their control.

LD 530, "An Act to Consolidate Patient Bills by Directing Health Insurers to Collect Copayments and Deductibles"
(Sen. Ned Claxton)
MaineHealth Position: Maine Hospital Association-Sponsored Legislation

In April, the Health Coverage, Insurance and Financial Services Committee voted Ought Not to Pass on Maine Hospital Association-sponsored legislation that directed health insurance carriers to collect cost-sharing amounts from patients – essentially shifting the burden from providers to carriers.

LD 624, "An Act to Amend the Laws Governing Tobacco Specialty Stores"
(Rep. Matt Harrington)
MaineHealth Position: Oppose

The Legislature opposed legislation that would have allowed the consumption of water in tobacco specialty stores.

In March, Sarah Calder testified in opposition to the original legislation that would have allowed the sale and consumption of drinks in tobacco specialty stores, and shared that this legislation represents regressive efforts to roll back Maine's strong support of tobacco-free environments.

LD 804, "An Act to Require Notice for Orthopedic Medical Device Recalls"
(Sen. Lisa Keim)
MaineHealth Position: Oppose, Did Not Testify

In April, the Innovation, Development, Economic Advancement and Business Committee voted against legislation that would have required a hospital or ambulatory surgical facility to notify patients in writing when the hospital or ambulatory surgical facility received notice that an orthopedic medical device has been recalled.

LD 926, "An Act to Ban Biological Males from Participating in Women's Sports"
(Rep. Beth O'Connor)
MaineHealth Position: Oppose

Legislation that would prohibit transgender females from participating in female interscholastic and intramural sports that are sponsored by an elementary, secondary, or postsecondary school or institution, died between the two Chambers.

In May, Dr. Brock Libby, Adolescent Medicine Physician at the Gender Clinic at the Barbara Bush Children's Hospital, testified in opposition to this legislation and shared that the bill discriminates against those transgender young people for whom participation in athletics is a goal. Furthermore, the legislation is antithetical to both gender care and the very tenets of adolescent health and medicine.

LD 1001, "An Act To Ensure Parents' Access to Their Minor and Adult Children with Special Needs"
(Rep. Michael Lemelin)
MaineHealth Position: Oppose

Legislation that would have prohibited hospitals from restricting parents' access to their minor and adult children who are unable to communicate with anyone but their parent(s), regardless of a public health emergency, died between the two Chambers.

Dr. Mark Parker, Vice President of Quality and Safety at Maine Medical Center, testified in opposition to the bill and shared that it would strip clinical and administrative teams of the latitude to make a decision in which we balance patient benefit and risk to the patient, visitor, care team, and community.

LD 1292, "An Act Regarding the Parental Right to Direct the Health Care of Children"
(Sen. Lisa Keim)
MaineHealth Position: Oppose

The Legislature voted against legislation based on national legislation referred to as "Simon's Law" that would require parental consent before withholding medically ineffective care.

In May, Dr. Colby Wyatt, Pediatric Pulmonologist at MMC, testified in opposition to this legislation and shared that MaineHealth is unaware of any issues that have arisen at any MaineHealth hospital or other care setting involving the withholding of treatment for minors without the knowledge and consent of a parent or guardian. Additionally, he explained that providers are already held to ethical and professional practices around these discussions and decisions.

LD 1251, "An Act to Encourage Charitable Giving"
(Rep. Amy Arata)
MaineHealth Position: Support

In April, the Tax Committee voted along party lines with Democrats opposing legislation that would lift the cap on itemized deductions for charitable giving.

Susan Doliner, Vice President of Development at Maine Medical Center, submitted testimony in support of this legislation

LD 1419, "An Act To Support Health Care Providers during State Public Health Emergencies"
(Sen. Marianne Moore)
MaineHealth Position: Support

In part due to strong opposition by the Maine Trial Lawyers Association, the Judiciary Committee voted against legislation that was introduced at the request of the provider community, including the Maine Medical Association and the Maine Hospital Association. LD 1419 would have provided limited civil liability protections to certain providers and facilities for patient injuries or death caused by the pandemic, like rationing ventilators or delayed preventive care.

Frank Chessa, Director of Clinical Ethics at Maine Medical Center, testified on behalf of MaineHealth in support of this legislation and shared that clinicians need to have the confidence to use their clinical judgment to prioritize patient well-being in rapidly changing circumstances and not legalistic concerns about practicing under "usual" standards of care that do not serve patient interests during a crisis. After the crisis has passed, it is not fair to judge clinicians as if the emergency conditions had never existed.

LD 1436, "An Act To Protect Certain Essential Workers from Infectious Disease"
(Rep. Kevin O'Connell)
MaineHealth Position: Oppose

In May, the Labor and Housing Committee unanimously voted against legislation that would require health care providers maintain a three-month supply of personal protective equipment (PPE).

Sarah Calder testified in opposition to this legislation and shared that this mandate will impose a significant financial burden on already struggling hospitals, nursing homes, and other health care providers, and significantly restricts the use of available PPE.

LD 1510, "An Act Concerning Informed Consent of Minors' Authority to Release Health Care Information"
(Sen. Lisa Keim)
MaineHealth Position: Oppose

The Legislature voted against legislation that would require health care providers provide parents access to their minor child's online health records with the child's consent.

In May, Dr. Dan Nigrin, MaineHealth CIO, testified in opposition to this bill and shared that electronic health records do not currently have the ability to separate out all legally-protected confidential components of the visit, including family planning and behavioral health, from non-confidential ones. MaineHealth provides a parent with access to their child's non-legally protected medical information via paper records and in-person or over-the-phone. Additionally, he expressed concerns with the fact that the legislation states that any authorization of a minor to share medical records would result in release of the entire medical record electronically, including those provisions that are legally protected.

Certificate of Need Legislation
(Rep. Laurel Libby)
MaineHealth Position: Oppose

The Legislature voted against a package of bills that would eliminate the Certificate of Need (CON) statute.

In April, Katie Fullam Harris testified in opposition to these bills and shared that the CON process plays an important role in preventing excessive and unnecessary duplication of services which can lead to increased and unnecessary health care costs.

Bills Related to Workforce

LD 553, "An Act to End At-will Employment"
(Rep. Mike Sylvester)
MaineHealth Position: Oppose, Did Not Testify

Legislation that would prohibit an employer from terminating the employment of an employee without cause died between the two chambers. The bill specified that an employer may terminate an employee for cause only after applying a 3-step progressive discipline policy and providing notice of termination. It also allowed the employer to have a written policy in its employee handbook that lists offenses for which an employee may be terminated.

LD 1711, "An Act to Enhance Enforcement of Employment Laws"
(Sen. Troy Jackson)
MaineHealth Position: Oppose, Did Not Testify

The Legislature failed to override the Governor's veto of legislation that would authorize private persons, acting in the public interest, to enforce the laws governing employment practices and prohibit unfair discrimination in the workplace

Bills that Legislate Medicine

LD 178, "An Act to Reduce Waste of Prescription Medications"
(Rep. Scott Cuddy)
MaineHealth Position: Oppose

In February, the Health Coverage, Insurance and Financial Services Committee voted Ought Not to Pass on legislation that would prohibit prescribing more than a 30-day supply of a newly prescribed medication and did not allow for refills beyond the initial 30-day supply.

Sarah Calder testified against the bill and shared that limiting "new" prescriptions to 30 days is a barrier to patients and providers trying to appropriately manage chronic disease, and may even result in a gap in medical care.

Abortion Legislation
(Various Sponsors)
MaineHealth Position: Oppose

The Legislature voted against a handful of abortion-related bills that would have: (1) rolled back MaineCare coverage for abortion services; (2) required a patient view an ultrasound and wait 48 hours before an abortion; (3) required aborted fetal remains be buried or cremated, and; (4) required providers to inform patients that a chemical abortion can be reversed.

In May, Drs. Maribeth Hourihan and Kathy Sharpless testified in opposition to these bills, and shared that they would limit access to care for certain patients, force providers to give patients false information, and legislate the patient-provider relationship.

Bills Related to Behavioral Health

LD 510, "Resolve, To Reduce Stigma Regarding Substance Use Disorder by Requiring the Use of Respectful Language in the MaineCare Benefits Manual and Other Department of Health and Human Services Publications"
(Rep. Jay McCreight)
MaineHealth Position: Support

The Health and Human Services Committee voted against legislation that would require the Department of Health and Human Services to update the MaineCare Manual with respectful language regarding substance use disorder and, instead, requested a letter be sent to the Department requesting regular updates on the status of these changes.

The Legislature, however, approved legislation that subsequently became law that directs the Revisor of Statutes to review the laws governing the Department of Health and Human Services, the Department of Public Safety, and the Department of Corrections for stigmatizing language and to report back to the Legislature with draft legislation to change the stigmatizing language.

In March, Sarah Calder testified in support of LD 510 and explained that the language we use in describing substance use disorder must reflect the respect, dignity, and compassion for those who face this challenging disease.

LD 1385, "An Act to Provide for Timely Placement with Respect to Violent Patients in Hospital Emergency Rooms"
(Rep. Jan Dodge)
MaineHealth Position: Qualified Support

In May, the Health and Human Services Committee voted against legislation that would require hospital emergency departments to discharge violent patients once medically stabilized and directs the Department of Health and Human Services to establish measures to ensure the safety of emergency department staff and provide appropriate treatment.

Sarah Calder testified in qualified support of the intent of the legislation, but shared that MaineHealth was not able to support the legislation, as drafted, given that it would put hospitals in conflict with EMTALA and that a multifaceted approach must be used to address the incredibly complex situation of violent patients.

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