



EXECUTIVE SUMMARY

The 2019 Legislative End of Session Report provides a snapshot of the key health care bills that the MaineHealth Government Affairs Team tracked and worked on during the First Regular Session of the 129th 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. The Government Affairs Team advanced many important initiatives, including legislation to remove non-medical exemptions for school-based immunizations, and it sought to amend or defeat bills that would have negatively impacted MaineHealth, including a proposal to restrict hospitals' ability to counsel patients on their coverage options.

The long Session was notable in that it was Governor Janet Mills' first legislative session as Governor and both bodies of the Legislature were controlled by Democrats. The Session was marked by the introduction of a significant number of bills promoting a progressive labor agenda, including mandatory paid sick leave, paid family leave, and increasing workers' compensation benefits. There were also a number of healthcare bills addressing broad topics such as lowering healthcare costs and increasing access to healthcare. Governor Mills staked a middle ground on these issues, ensuring that both Democrats and Republicans had seats at the negotiating tables.

Additionally, Governor Mills proposed the first biennial budget of her Administration, which totaled approximately \$8 billion, an 11 percent increase over the final budget approved by the 128th Legislature. Importantly, the Governor's proposed budget included funding for Medicaid Expansion from general revenue funds, a rebase of the Hospital Tax, and the creation of a MaineCare Stabilization Fund. Just days before adjourning Sine Die on June 20th, the Legislature passed a bipartisan budget based largely on the Governor's proposed budget, with few major policy changes included. The Legislature then subsequently directed the remaining \$6 million available towards a few initiatives within the over \$880 million worth of legislation on the Appropriations Table. Many of the bills that were not funded were carried over to the next Session.

The Government Affairs Team compiled the following overview of key bills addressed this Session that are relevant to MaineHealth and its members. Please look for an implementation guide to be distributed by the Government Affairs Team in the coming weeks

The Government Affairs Team would 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.

Note: Effective dates for newly passed laws can be included in the bill text, but for most bills that do not have an effective date, the bill becomes effective 90 days after the session has ended – or September 19, 2019. Emergency legislation—specified in the first section of a bill—becomes effective immediately.

PUBLIC LAWS

[LD 110 – An Act Regarding Credit Ratings Related to Overdue Medical Expenses](#)

(Rep. Chris Johansen)

Effective Date: September 19, 2019

MaineHealth Position: Neither For Nor Against

[Public Law, Chapter 77](#) prohibits a consumer reporting agency from reporting medical debt on a consumer’s consumer report when the debt delinquency is less than 180 days and, when the medical debt is paid in full, a consumer reporting agency must remove the report of medical debt from the consumer’s consumer report. If the consumer is making regular, scheduled periodic payments as agreed to by the consumer and medical provider towards medical debt reported to a consumer reporting agency, the consumer reporting agency must report the debt in the same manner as consumer credit transactions are reported.

In February 2019, Sarah Calder, MaineHealth Director of Government Affairs, [testified](#) before the Joint Standing Committee on Health Coverage, Insurance and Financial seeking clarification from the Joint Standing Committee on Health Coverage, Insurance and Financial Services as to what constitutes, “regular, scheduled periodic payments” to ensure that this proposed bill would not impact MaineHealth’s current payment policy, which is established and personalized in coordination with patients.

[LD 152 – An Act to Prohibit the Possession and Use of Electronic Smoking Devices on School Grounds](#)

Effective Date: September 19, 2019

(Sen. Rebecca Millett)

MaineHealth Position: Support

[Public Law, Chapter 61](#) prohibits the possession and use of tobacco products, including electronic cigarettes, on school grounds (including a school bus) and school-sponsored events.

In February 2019, Sarah Calder, MaineHealth Director of Government Affairs, [testified](#) before the Joint Standing Committee on Health and Human Services in support of this legislation and highlighted that 15.9% of Maine High School students reported using an electronic vapor product in the past 30 days in 2017.

[LD 228 – An Act to Expedite the Issuance of Alcohol and Drug Counseling Licenses](#)

Effective Date: September 19, 2019

(Rep. Anne Perry)

MaineHealth Position: Support with Amendment

[Public Law, Chapter 83](#) would expedite the licensing process for substance use treatment providers and becomes effective 90 days after final adjournment of the Legislature.

Katie Fullam Harris, Senior Vice President of Government Affairs at MaineHealth, [worked](#) with the Commissioner of the Department of Professional and Financial Regulation, Anne Head, Debra Poulin of Maine Behavioral Healthcare, and the Alliance for Addiction and Mental Health Services to amend the original legislation to allow workplace experience to be credited towards the requirement that licensed mental health professionals must document 1,000 hours of practice in alcohol and drug counseling in addition to their mental health license and reduced the required 30 hours of additional didactic training that is currently required to 24 hours of training.

LD 249 – An Act to Ensure Protection of Patients in Medical Reviews by Health Insurance Carriers

Effective Date: Will be determined by Agency Rulemaking

(Sen. Geoff Gratwick)

MaineHealth Position: Neither for nor against

[Public Law, Chapter 171](#) requires that insurance medical reviews are conducted by a licensed health care practitioner who is board certified in the same or similar specialty as the medical condition, procedure or treatment under review. The Bureau of Insurance must adopt routine technical rules and the MaineHealth Government Affairs Team will follow the rule making process.

LD 329 – An Act to Exempt from Criminal Liability Persons Reporting a Drug-related Medical Emergency

Effective Date: September 19, 2019

(Rep. Barbara Cardone)

MaineHealth Position: Support

[Public Law, Chapter 137](#) protects from arrest or prosecution an individual who seeks medical care for either themselves or a person experiencing a drug-related overdose or who is themselves experiencing a drug-related overdose.

Maine now joins forty other states and the District of Columbia in enacting some form of a Good Samaritan law.

LD 369 – An Act to Support Healthy Workplaces and Healthy Families by Providing Earned Paid Sick Leave to Certain Employees

Effective Date: January 1, 2021

(Sen. Rebecca Millett)

MaineHealth Position: Neither for nor against Amended Version

[Public Law, Chapter 156](#) mandates that employers with more than 10 employees provide paid leave effective January 1, 2021. Under the law, employees can accrue 1 hour of paid leave for every 40 hours worked for a maximum accrual of 40 hours in one year. Unless an emergency or

related to illness, an employee must provide reasonable of their intent to use earned leave and the leave must be scheduled to prevent undue hardship on the employer.

The law also preempts a home rule unit of government from enacting an ordinance or rule regulating earned paid leave. The Department of Labor must adopt routine technical rules to implement and enforce the law and the MaineHealth Government Affairs Team will follow the rule making process.

LD 408 – Resolve, To Improve Access to Neurobehavioral Services

Effective Date: Plan must be submitted by January 30, 2020

(Rep. Charlotte Warren)

MaineHealth Position: Support

[Resolve, Chapter 88](#) directs the Department of Health and Human Services to develop a plan to provide up to 16 new neurobehavioral beds to serve individuals with significant behavioral challenges and complex medical needs that need short-term treatment before transitioning to a long-term care environment. By January 30, 2020, the Department must submit a report and any necessary legislation to the Joint Standing Committee on Health and Human Services.

In February 2019, Sarah Calder, MaineHealth Director of Government Affairs, [testified](#) before the Joint Standing Committee on Health and Human Services in support this legislation using data provided by Dr. Chris Wellins, Senior Medical Director Utilization Management at Maine Medical Center, and Mara Larkin, Complex Care and Social Work Manager at Maine Medical Center.

LD 439 – Resolve, Directing the Commissioner of Health and Human Services to Convene a Task Force to Study the Need for Long-term Acute Care Hospital

Effective Date: Report must be submitted by January 2, 2020

(Sen. Ned Claxton)

MaineHealth Position: Support (MaineHealth Sponsored Legislation)

[Resolve, Chapter 69](#) directs the Department of Health and Human Services to convene a task force to study the need for long-term acute care beds in the State. The Department must report the findings and conclusions of the task force to the Joint Standing Committee on Health and Human Services by January 2, 2020.

In February 2019, Sarah Calder, MaineHealth Director of Government Affairs, [testified](#) before the Joint Standing Committee on Health and Human Services in support this legislation using data provided by Dr. Chris Wellins, Senior Medical Director Utilization Management at Maine Medical Center, and Mara Larkin, Complex Care and Social Work Manager at Maine Medical Center.

LD 440 – An Act to Continue the Doctors for Maine’s Future Scholarship Program

Effective Date: September 19, 2019

(Sen. Linda Sanborn)
MaineHealth Position: Support

[Public Law, Chapter 510](#) appropriates funding for two years to support an additional four scholarships for the Doctors for Maine's Future Program. These four scholarships will then be matched by the Tufts University School Maine Track Program and the University of New England to support a total of eight students over the course of their four years of medical school.

In April 2019, nearly 15 Maine Track students and graduates attended the hearing when the legislation was before the Joint Standing Committee on Innovation, Development, Economic Advancement, and Business. [Dr. Jo Linder](#), Assistant Dean for Students for Tufts University School Maine Track Program and two student representatives from the current 4th year class of 2019, [Adriana Eurich](#) (Millinocket) and [Daniel Hussey](#) (Waterville), testified in support of LD 440 at its public hearing.

[LD 443 – An Act to Prevent Vitamin K Deficiency Bleeding and Eye Damage in Infants](#)

Effective Date: Implementation will occur after rulemaking
(Sen. Linda Sanborn)

MaineHealth Position: Support (MaineHealth Sponsored Legislation)

[Public Law, Chapter 426](#) removes the nonmedical exemptions for vitamin K and prophylactic ophthalmic ointment for newborn infants, requires the Department of Health and Human Services to develop an educational brochure on vitamin K and prophylactic ophthalmic ointment, and update the newborn bloodspot screening declination form to allow parents to decline vitamin K and prophylactic ophthalmic ointment administration. The Government Affairs Team will closely monitor the rulemaking process.

The American Academy of Pediatrics (AAP) recommends the vitamin K injection to all infants within 6 hours of birth to protect infants from vitamin K deficiency bleeding, which can cause bruising, bleeding from the umbilical cord or circumcision, nose bleeds, bleeding into the intestines, or into the brain, potentially leading to brain damage and even death.

In February 2019, [Amanda Woods](#) and [Chris Woods](#), Neonatal Nurse Practitioners at Maine Medical Center, testified before the Joint Standing Committee on Health and Human Services in support of this legislation.

[LD 494 – An Act to Update the Family Planning Statutes](#)

Effective Date: September 19, 2019

(Sen. Linda Sanborn)

MaineHealth Position: Support



Maine Track and University of New England students met with Governor Janet Mills and Senator Linda Sanborn in the State House to discuss funding for the Doctors for Maine's Future Program.

[Public Law, Chapter 236](#) closes two gaps in current law regarding the treatment of minors, including allowing a minor to seek prevention or treatment of a sexually transmitted infection without the consent of a parent or guardian and allowing a health care provider to provide family planning services, including prenatal and obstetric care, to a minor without a parent or guardian's consent.

[LD 705 – An Act Regarding the Process for Obtaining Prior Authorization for Health Insurance Purposes](#)

**Effective Date: Implementation will occur after rulemaking
(Sen. Geoff Gratwick)**

MaineHealth Position: Support

[Public Law, Chapter 273](#) reduces the time frame for an insurance carrier to respond to a prior authorization request from two business days to 72 hours or two business days, whichever is less, and clarifies that the same time frame applies to requests for additional information or outside consultations. It also provides that a request for prior authorization is granted if a carrier fails to respond within the required time frames.

The law also prohibits an insurance carrier from requiring prior authorization for medication-assisted treatment for opioid use disorder.

Additionally, it requires health insurance carriers to develop an electronic transmission system for prior authorization of prescription drug orders by January 1, 2020. By that same date, insurance carriers must also report to the Joint Standing Committee on Health Coverage, Insurance and Financial Services on efforts to develop standards for secure electronic transmission of all prior authorization requests.

Rulemaking is expected to be routine technical and the MaineHealth Government Affairs Team will monitor the process.

In March 2019, Katie Fullam Harris, Senior Vice President of Government Affairs, [testified](#) in support of this legislation when it was before the Joint Standing Committee on Health Coverage, Insurance, and Financial Services. Katie highlighted in her testimony that prior authorizations place a significant and expensive burden on practices. In fact, the Maine Medical Association recently surveyed providers, and a full 85% indicated that there was a high administrative burden associated with seeking prior authorizations.

[LD 798 – An Act to Protect Maine Children and Students from Preventable Diseases by Repealing Certain Exemptions from the Laws Governing Immunization Requirements](#)

(Sen. Linda Sanborn)

Effective Date: September 1, 2021

MaineHealth Position: Support

[Public Law, Chapter 154](#) removes the non-medical exemptions (philosophical and religious) for school-based immunizations and for immunizations required for medical providers. The law will take effect on September 1, 2021.

In March 2019, [Dr. John Bancroft](#), Chair of Pediatrics at Maine Medical Center and the Barbara Bush Children’s Hospital, and numerous other providers from within the MaineHealth system, including [Dr. Rebecca Hemphill](#) from Maine Medical Partners, and [Dr. Don Burgess](#) from Southern Maine Health Care, also testified before the Joint Standing Committee on Education and Cultural affairs in support of this legislation.

[LD 934 – Resolve, To Review the Implementation of the Maine Background Check Center Act](#)

Effective Date: Report must be submitted by December 15, 2019

(Rep. Anne Perry)

MaineHealth Position: Neither for nor against

[Resolve, Chapter 53](#) directs the Department of Health and Human Services to convene a study group consisting of various stakeholders, including home health care providers and mental health providers, to assess the effects of the implementation of the system of background checks established by the Maine Background Check Center Act. The study group must submit a report to the Joint Standing Committee on Health and Human Services no later than December 15, 2019.

[LD1001 – The Biennial Budget](#)

(Governor’s Bill)

Effective Date: September 19, 2019

MaineHealth Position: Neither for nor against

Just days before adjourning Sine Die on June 20th, the Legislature passed a bipartisan budget based largely on the Governor’s proposed budget. Of note, [Public Law, Chapter 343](#) includes: (1) funding for Medicaid Expansion from general funds; (2) a rebase of the Hospital Tax, which will result in a net impact of \$2.5 million to hospitals; (3) a transfer of \$14.5 million from the Fund for a Healthy Maine and \$14.5 from general funds to create a MaineCare Stabilization Fund; and (4) an additional \$10 million in funding over the biennium for tobacco and nicotine prevention. It is important to note that any unused portion of the \$14.5 million transfer from the Fund for a Healthy Maine to the MaineCare Stabilization fund must be returned to the Fund for a Healthy Maine on June 30, 2021.

In March 2019, Katie Fullam Harris, MaineHealth Senior Vice President of Government Affairs, [testified](#) before the Joint Standing Committee on Appropriations and Financial Affairs in support of aspects of the budget, including funding for MaineCare expansion and increased funding for tobacco cessation. She also expressed concern with the \$2.5 million cut to hospitals due to the rebase of the Hospital Tax and the impact this could have on the State’s already struggling rural hospitals.

[LD 1025 – An Act to Prohibit the Provision of Conversion Therapy to Minors by Certain Licensed Professionals](#)

Effective Date: September 19, 2019

(Rep. Ryan Fecteau)

MaineHealth Position: Support

[Public Law, Chapter 165](#) bans Conversion Therapy in the State of Maine to individuals under the age of 18. Conversion Therapy is condemned by every major association representing medical and mental health, including the American Academy of Pediatrics, the American Psychiatric Association, the American Psychological Association, and the National Association of Social Workers, among others.

In April 2019, [Brandy Brown](#), Program Manager of the Gender Clinic at the Barbara Bush Children's Hospital (BBCH), and [Abby D'Ambruoso](#), Chaplain to the BBCH, testified before the Joint Standing Committee on Health Coverage, Insurance and Financial Services in support of this legislation.

[LD 1028 - An Act to Prevent and Reduce Tobacco Use with Adequate Funding and by Equalizing the Taxes on Tobacco Products and To Improve Public Health](#)

Effective Date:

- **Tax – January 2, 2020**
- **Ambulance Rate – January 1, 2020**
- **Student Loans – January 1, 2020**
- **Reimbursement – Implementation will begin after rulemaking (by January 1, 2020)**

(Rep. Jay McCreight)

MaineHealth Position: Support

[Public Law, Chapter 530](#) equalizes the current excise tax imposed on tobacco to include little cigars, cigars, e-cigarettes, and loose tobacco. In addition to directing over \$6 million (spread over the biennium) of the expected revenue towards evidence-based tobacco use prevention and cessation, the law also funds two pieces of MaineHealth priority legislation, including:

- **[LD 1350 – An Act to Improve Rural Health Care](#)**
 - Combined with funding from legislation that would include Mayo Regional Hospital in the Hospital Tax, LD 1028 allocated the following funds for rural hospitals and rural health clinics:
 - **Physician Costs:**
 - More than \$1.125 million in general funds over the biennium to allow for full MaineCare reimbursement for all hospital-based physician costs. This allocation will then be matched by the federal government, totaling more than \$2.371 million over the biennium.
 - Approximately \$797,000 in general funds over the biennium to allow for full MaineCare reimbursement for inpatient hospital-based physician costs, outpatient emergency room hospital-based physician costs, outpatient nonemergency room hospital-based physician costs, and graduate medical education costs. This allocation will then be matched by the federal government, totaling more than \$1.68 million over the biennium.
 - We estimate that this increase will result in over \$1.6 million in increased funding for MaineHealth's rural hospitals, which could then be reinvested in patient care.
 - **Rural Health Clinics:**

- Nearly \$2.24 million in general funds over the biennium to rural health clinics to fund the full cost of providing MaineCare covered services. This allocation will then be matched by the federal government, totaling more than \$4.71 million over the biennium.
 - We estimate that this increase will have a positive impact of approximately \$1.7 million to MaineHealth’s rural health clinics, allowing for continued investment in primary care.
 - Student loan payments for physicians or nurses made by employers will be exempt from taxable income.
- **LD 915 – An Act To Provide Adequate Reimbursement under MaineCare for Ambulance and Neonatal Transport Services**
 - LD 1028 allocated nearly \$5 million in general funds over the biennium to increase the reimbursement rate for ambulance services to Medicare rates and to increase the reimbursement rate for neonatal transport services to the Medicare critical care transport rate. This allocation will then be matched by the federal government, totaling more \$10.76 million over the biennium.

LD 1044 – An Act to Advance Children's Cancer Research in Maine

Effective Date: Implementation will begin after rulemaking

(Rep. Fran Head)

MaineHealth Position: Support

[Public Law, Chapter 433](#) creates a Children’s Cancer Research Fund and allows taxpayers to make a donation to the Fund on their income taxes. The money raised would support children's cancer research provided by research facilities in Maine (Maine Children's Cancer Program and Northern Light Pediatric Cancer Care).

Dr. Eric Larsen, Medical Director of the Maine Children’s Cancer Program, [testified](#) before the Joint Standing Committee on Transportation in support of this legislation.

LD 1168 – Resolve, To Improve Maine’s Response to Childhood Trauma

Effective Date: Report must be submitted by December 4, 2019

(Rep. Fran Head)

MaineHealth Position: Support

[Resolve, Chapter 63](#) directs the Department of Education to convene a task force to develop guidance for kindergarten to grade 12 administrators on appropriate training and responses to childhood trauma. The task force must submit a report to the Joint Standing Committee on Education and Cultural Affairs by December 4, 2019.

In April 2019, Aurora Smaldone, Project Director in the Department of Clinical Innovation within Maine Behavioral Healthcare, [testified](#) before the Joint Standing Committee on Education and Cultural Affairs in support of this legislation and shared that nearly 25% of all Maine children have experienced two or more adverse experiences.

LD 1190 – An Act to Prohibit the Sale and Distribution of Flavored Tobacco Products

Effective Date: September 19, 2019
(Sen. Rebecca Millett)
MaineHealth Position: Support

[Public Law, Chapter 495](#) provides that it is a Class D crime for an individual 21 years of age or older to procure, furnish, give, sell or deliver a tobacco product to a minor (anyone under the age of 21 except for individuals who were 18 as of July 1, 2018). Additionally, it is a Class D crime for an individual 21 years of age or older to allow a minor under the age of 16 under that person's control or in a place under that person's control to possess or consume a tobacco product. This does not make any changes to retail sales.

In March 2019, Dr. Jonathan Fellers, addiction psychiatrist at Maine Medical Center and the Medical Director of the Maine Tobacco Helpline, [testified](#) before the Joint Standing Committee on Health and Human Services in support of the original legislation, which would have banned the sale and distribution of flavored tobacco products.

[LD 1228 – Resolve, Requiring the Department of Health and Human Services to Create a Limited Benefit MaineCare Card for Individuals Eligible for the Medicare Savings Program](#)

Effective Date: September 19, 2019
(Rep. Jay McCreight)
MaineHealth Position: Support (MaineHealth Sponsored Legislation)

[Resolve, Chapter 95](#) directs the Department of Health and Human Services to simplify communications sent to Medicare Savings Program applicants and to create a tear-off card for Medicare Savings Program beneficiaries to use at the pharmacy or when receiving medical services. The Resolve also directs the Department to submit a report to the Joint Standing Committee on Health and Human Services describing any changes to the letters and cards by February 1, 2021.

The MaineHealth Access to Care team identified that Medicare Savings Program beneficiaries often do not realize that the letter provided by the Department must be kept and shown prior to all medical services and each time the individual goes to the pharmacy for medications in order to receive benefits.

In May 2019, Annette Fournier, Case Manager for the MaineHealth Access to Care Coverage Team, [testified](#) before the Joint Standing Committee on Health and Human Services in support of this legislation.

[LD 1263 – An Act Regarding Telehealth](#)

Effective Date: January 1, 2020
(Sen. Geoff Gratwick)
MaineHealth Position: Support

[Public Law, Chapter 289](#) brings telehealth services, specifically telemedicine, in line with in-person healthcare services regulations. The changes apply to all health insurance plans continued or renewed after January 1, 2020.

In April 2019, MaineHealth Care at Home President and CEO, [Donna DeBlois](#), and [Tom Caswell](#), MaineHealth Director of Telehealth, testified before the Joint Standing Committee on Health Coverage, Insurance and Financial Services in support of this legislation.

LD 1313 – An Act to Enact the Maine Death with Dignity Act

Effective Date: Implementation begins after rulemaking

(Rep. Patricia Hymanson)

MaineHealth Position: No Position

[Public Law, Chapter 271](#) allows an individual over the age of 18 who is within 6 months of death to legally obtain an oral prescription to voluntarily end their life. Within 6 months of the effective date (September 19, 2019), the Department of Health and Human Services must develop major substantive rules.

MaineHealth and the Maine Medical Association did not take a position on the bill, but both organizations will be organizing separate workgroups to create an implementation plan and the MaineHealth Government Affairs will distribute a communication regarding the implementation process in the coming months.

LD 1337 – An Act to Save Lives by Establishing a Homeless Opioid Users Service Engagement Program within the Department of Health and Human Services

Effective Date: The Department shall issue a request for proposals to implement the pilot by September 19, 2019

(Rep. Drew Gattine)

MaineHealth Position: Support

[Public Law, Chapter 105](#) establishes the Homeless Opioid Users Service Engagement pilot project. The 24-month pilot project would provide 50 opioid users, who are among the most vulnerable and unstable in the State, rapid access to low-barrier treatment for substance use disorder and stable housing to support their recovery. By December 15, 2020, the Department of Health and Human Services must report to the Joint Standing Committee on Health and Human Services on matters regarding the pilot project.

In April 2019, Dr. Debra Rothenberg, Academic Director of the Maine Medical Center-Preble Street Learning Collaborative, [testified](#) before the Joint Standing Committee on Health and Human Services in support of this legislation.

LD 1353 – An Act to Establish Transparency in Primary Health Care Spending

Effective Date: January 15, 2020

(Sen. Linda Sanborn)

MaineHealth Position: Neither For Nor Against

[Public Law, Chapter 244](#) requires the Maine Quality Forum to submit an annual report beginning January 15, 2020 to the Joint Standing Committee on Health Coverage, Insurance and Financial Services on primary care spending using claims data from the Maine Health Data Organization.

The report must also include the percentage paid for primary care by commercial insurers, MaineCare, Medicare and the State Employee Health Plan based on total medical expenditures.

In April 2019, Sarah Calder, MaineHealth Director of Government Affairs, [testified](#) before the Joint Standing Committee on Health and Human Services and highlighted the significant investments that MaineHealth has made in primary care, but that due to a growing healthcare worker shortage, a multifaceted approach is required to increase access to primary care in Maine.

[LD 1486 – An Act to Strengthen Supports for Adults with Intellectual Disabilities or Autism in Crisis](#)

Effective Date: Implementation will begin after rulemaking (by April 1, 2020)

(Rep. Dick Farnsworth)

MaineHealth Position: Support with amendment

[Public Law, Chapter 290](#) directs the Department of Health and Human Services to study the existing services for individuals with intellectual disabilities or autism and determine the adequacy of the MaineCare reimbursement rates. The Department must report its findings to the Joint Standing Committee on Health and Human Services by January 30, 2020.

In April 2019, Mary Jane Krebs, President of Spring Harbor Hospital, testified before the Joint Standing Committee on Health and Human Services and highlighted that there are no inpatient beds available in Maine to care for adults in this population and that a MaineCare reimbursement rate must be created to provide these services.



[LD 1602 – Resolve, Establishing the Working Group on Mental Health](#)

Effective Date: Report must be submitted by December 4, 2019

(Sen. Cathy Breen)

MaineHealth Position: Support

[Resolve, Chapter 100](#) creates a task force to study the State’s behavioral health system. The task force will be comprised of 18 members, including an individual representing community mental health providers and an

individual representing hospitals. Appointments must be made 30 days after the bill becomes law and the task force must submit a report by Dec. 4, 2019 to the Joint Standing Committee on

Health and Human Services, the Joint Standing Committee on Criminal Justice and Public Safety, the Joint Standing Committee on Judiciary and the Joint Standing Committee on Appropriations and Financial Affairs.

In May 2019, Steve Merz, President of Maine Behavioral Healthcare, [testified](#) before the Joint Standing Committee on Health and Human Services, the Joint Standing Committee on Criminal Justice and Public Safety, and the Joint Standing Committee on Judiciary in support of this legislation.

Steve Merz, President of Maine Behavioral Healthcare, testifies before three committees in support of adequate funding for behavioral health services.

LD 1811 – An Act to Enhance Personal and Public Safety by Requiring Evaluations of and Judicial Hearings for Persons in Protective Custody Regarding Risk of Harm and Restricting Access to Dangerous Weapons

Effective Date: July 1, 2020

(Sen. Mike Carpenter)

MaineHealth Position: No position on final legislation

[Public Law, Chapter 411](#) 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, effective July 1, 2020. If the individual is determined to pose a threat in the foreseeable future and after judicial endorsement, their weapons will be temporarily confiscated. Within 14 days, a judicial hearing will be held to either dissolve or extend the initial restrictions for up to one year.

Chapter 411 also directs the executive branch, by January 1, 2020, to develop and release, in partnership with medical practitioners and law enforcement, a request for proposal for the development of telehealth technology to enable these medical assessments take place at locations other than health care facilities.

In an effort to protect our providers from potential harm, MaineHealth pushed for significant changes to this bill, but these changes were not accepted by those drafting the legislation, including:

- Amend the bill to hold individual's in protective custody until their weapons were confiscated. Instead, law enforcement will confiscate the weapons within 24 hours.
- Amend the bill to require the evaluations be done at a jail, and preferably via telehealth with an out-of-state provider.

BILLS HELD BY GOVERNOR

Following adjournment of the Legislature, a number of bills that passed were held by the Governor. At the start of the next Legislative Session, the Governor will have three days to take action on these bills, or they will automatically become law.

LD 775 – An Act to Expand Community Support Services for Certain Adult Members of the MaineCare Program

(Rep. Lori Gramlich)

MaineHealth Position: Support

LD 775 expands eligibility for community support services (Section 17). The bill would direct the Department of Health and Human Services to include the Diagnostic and Statistical Manual of Mental Disorders (DSM–5) diagnoses and functionality, and to report an update to the Joint Standing Committee on Health and Human Services by January 1, 2020.

The current Section 17 rules restrict services to people with specific mental health diagnoses or who are at imminent risk of homelessness, hospitalization, or incarceration due to their mental illness, or have been recently discharged from residential treatment. If a client does not meet the current, strict eligibility criteria for Section 17 Community Supports, services may not be authorized beyond 30 days, making developing a realistic treatment plan extremely challenging.

In April 2019, Sara Schmalz, LCSW and program manager at Maine Behavioral Healthcare, [testified](#) before the Joint Standing Committee on Health and Human Services in support of this legislation.

LD 1315 – An Act to Support Medically Monitored Crisis Support and Intervention

(Rep. Drew Gattine)

MaineHealth Position: Support (MaineHealth Sponsored Legislation)

LD 1315 creates a reimbursement rate for medically monitored crisis stabilization unit (CSU) beds that will be staffed with 24 hour nursing and medical monitoring. These beds can be a bridge between inpatient hospitalization and traditional outpatient treatment and could result in fewer unnecessary hospitalizations.

In April 2019, Mary Jane Krebs, President of Spring Harbor Hospital, [testified](#) before the Joint Standing Committee on Health and Human Services in support of this legislation.

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

(Rep. Colleen Madigan)

MaineHealth Position: Support

LD 1809 continues a 20% rate increase for Multisystemic Therapy (MST), which is an intensive, family-focused treatment for youth who demonstrate problem behaviors and who are particularly at risk for out-of-home placements, such as juvenile detention facilities or residential treatment programs. A one-year rate increase was approved by the 128th Legislature, so this bill only continued an existing MaineCare rate. With MST programs throughout the State already in jeopardy of closing, a 20% rate decrease will result in the closure of all MST programs. Though the Department of Health and Human Services indicated that it was able to absorb the cost of continuing the rate and the Legislature approved this legislation, it was held by the Governor. Maine Behavioral Healthcare testified that its MST program will close if the 2018 rate is not sustained.

In May 2019, Sarah Calder, Director of Government Affairs at MaineHealth, [testified](#) before the Joint Standing Committee on Health and Human Services in support to this legislation. She shared that if this rate were not continued, Maine Behavioral Healthcare would be forced to close its MST program.

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

(Rep. Patricia Hymanson)

MaineHealth Position: Support

LD 1838 directs the Department of Health and Human Services to contract with a 3rd party to examine options to potentially increase funding for behavioral health services provided under MaineCare that are limited by the Clinic Upper Payment Limit. The Upper Payment Limit restricts Medicaid payments to no more than what would have been paid by Medicare.

DEFEATED LEGISLATION

[LD 29 – Resolve, To Implement the Recommendations of the Task Force To Address the Opioid Crisis in the State by Establishing a Work Group To Develop Educational Programming for Prevention of Substance Use and Substance Use Disorders among Youth and Adolescents](#)

(Rep. Jay McCreight)

MaineHealth Position: Support

After Governor Mills signed an [Executive Order](#) that took immediate steps to combat the opioid crisis, including the establishment of a work group to develop a prevention program for school-age children, the Joint Standing Committee on Education and Cultural Affairs voted Ought Not to Pass on LD 29. LD 29, sought to create a work group to look at evidence-based substance use prevention programs targeting school-aged children as recommended by the Task Force to Address the Opioid Crisis in the State. The Committee instead voted to submit a letter to the Governor that included suggestions of who should be part of the work group.

In January 2019, Katie Fullam Harris, Senior Vice President of Government Affairs and member of the Task Force to Address the Opioid Crisis in the State, [submitted a letter](#) to the Committee in support of this legislation.

[LD 66 – An Act to Prohibit Hospitals from Discussing Alternative Payment Options with Hospitalized Patients](#)

(Sen. Mark Lawrence)

MaineHealth Position: Oppose

In partnership with the Maine Hospital Association, MaineHealth was successful in defeating LD 66, which would have limited hospitals' ability to counsel patients on their coverage options to a small window of time prior to or upon admission or at the time of discharge. MaineHealth argued that hospitals must maintain the flexibility needed to ensure that patients receive comprehensive coverage information at a clinically and emotionally appropriate time.

In January 2019, Mara Larkin, Complex Care and Social Work Manager at Maine Medical Center, [testified](#) before the Joint Standing Committee on Health Coverage, Insurance and Financial Services in opposition to this legislation.

[LD 267 – An Act to Amend the Laws Governing the Practice of Pharmacy](#)

(Sen. Linda Sanborn)

MaineHealth Position: Support

Legislation that would recognize pharmacists as providers of health care services ultimately died between Chambers due to concerns that this change would result in pharmacists billing for their services and increasing the overall cost of healthcare.

In February 2019, [Kayla Harris](#), a pharmacy resident at Maine Medical Center, and [Corrin Martineau](#), Clinical Pharmacy Specialist at Maine Medical Center, testified before the Joint

Standing Committee on Health Coverage, Insurance and Financial Services in support of this legislation.

LD 343 – An Act to Promote Equity in Business Opportunity for Tobacco Specialty Stores

(Rep. Matthew Harrington)

MaineHealth Position: Oppose

The Joint Standing Committee on Health and Human Services voted Ought Not to Pass on legislation that would allow tobacco specialty stores, including cigar lounges, to serve nonalcoholic and alcoholic beverages.

In February 2019, Sarah Calder, MaineHealth Director of Government Affairs, [testified](#) before the Joint Standing Committee on Health and Human Services in opposition to this legislation and highlighted that nine out of every ten Mainers agree that people should be protected from secondhand smoke.

LD 416 – An Act to Allow Eating Establishments to Permit Smoking Tobacco in Designated Outdoor Eating Areas

(Rep. John Andrews)

MaineHealth Position: Oppose

The Joint Standing Committee on Health and Human Services voted Ought Not to Pass on legislation that would allow smoking in outdoor areas of restaurants.

In February 2019, Sarah Calder, MaineHealth Director of Government Affairs, [testified](#) before the Joint Standing Committee on Health and Human Services in opposition to this legislation and highlighted that nine out of every ten Mainers agree that people should be protected from secondhand smoke.

LD 463 - An Act to Reduce Obesity Rates in Maine

(Rep. Teresa Pierce)

MaineHealth Position: No Position

The Joint Standing Committee on Health and Human Services voted Ought Not to Pass on LD 463, which would have required the Maine Center for Disease Control and Prevention to develop a comprehensive state plan relating to the reduction of unhealthy weight and obesity. Instead the Committee sent a letter to the Department of Health and Human Services to include MaineHealth's 5210 Let's Go Program in the development of recommendations related to obesity as the Department develops the next State Health Improvement Plan. The Department must report back to the Committee by February 15, 2020 on the State Health Improvement Plan and its status.

LD 717 – An Act to Provide Comprehensive Mental Health Treatment Reform

(Rep. Margaret Craven)

MaineHealth Position: Oppose

In partnership with the Maine Hospital Association and Northern Light Health, MaineHealth was successful in defeating LD 717, which would have created universal criteria under which admission for psychiatric inpatient care would be prioritized based on acuteness of crisis and

length of stay in an emergency room. MaineHealth opposed this legislation because it is redundant to the work that we do every day in our emergency departments and our hospital admission areas. For example, medical necessity criteria for admission to inpatient care are already defined by payors and the US Centers for Medicare and Medicaid. Additionally, patients are oftentimes in the emergency department for extended periods due to the lack of appropriate community placement options.

In March 2019, Dr. Ron Young, Senior Director of Intensive Services at Maine Behavioral Healthcare, [testified](#) before the Joint Standing Committee on Health and Human Services on behalf of Mary Jane Krebs, President of Spring Harbor Hospital, in opposition to this legislation.

LD 1072 – An Act to Promote Workforce Education on Alzheimer’s Disease and Dementia
(Rep. Margaret Craven)

MaineHealth Position: Oppose

The Joint Standing Committee on Health Coverage, Insurance and Financial Services voted Ought Not to Pass on legislation that would have required health care practitioners to disclose a diagnosis of Alzheimer's disease or dementia to an authorized representative or a family or household member except for a person that is expressly prohibited by the individual diagnosed. The bill would have also required every hospital to have a policy regarding the recognition and management of patients with Alzheimer's disease and dementia within that hospital by January 1, 2023.

In March 2019, Sarah Calder, MaineHealth Director of Government Affairs, [testified](#) before the Joint Standing Committee on Health Coverage, Insurance and Financial Services in opposition to this legislation. Sarah highlighted that while MaineHealth certainly supports efforts to strengthen dementia care across the care continuum, this legislation would have placed an unnecessary burden on hospitals and providers. Hospitals are already held to rigorous standards both at the federal and state levels for the quality of care provided and, furthermore, are accountable for the education and training of their providers.

LD 1082 – An Act to Provide for Alternative Pain Treatment before Treatment with Opioids

(Sen. Troy Jackson)

MaineHealth Position: Oppose

The Joint Standing Committee on Health Coverage, Insurance and Financial Services voted Ought Not to Pass on legislation that prohibit the prescribing of opioids unless the patient has first completed 24 sessions of alternative pain treatment. Patients receiving cancer treatment, palliative care, end-of-life and hospice care, or medication-assisted treatment for substance use disorder would have been exempt from the legislation.

In March 2019, Sarah Calder, MaineHealth Director of Government Affairs, testified before the Joint Standing Committee on Health Coverage, Insurance and Financial Services in opposition to this legislation. Sarah shared that while MaineHealth certainly supports efforts to reduce the number of opioids prescribed, this legislation is not evidenced-based and a patient that has severe pain not associated with a surgical procedure and who is not being treated in the hospital setting

cannot wait to complete 24 sessions of alternative pain treatment before being prescribed an opiate.

LD 1199 – An Act to Protect the Safety of Health Care Workers

(Sen. Dana Dow)

MaineHealth Position: Support (MaineHealth Sponsored Legislation)

MaineHealth introduced legislation that would, in the event of an assault, expand heightened legal protections to all employees of a hospital engaged in the provision of care for a patient or a prospective patient, regardless of where in the hospital they are providing this care. Despite the Maine Hospital Association introducing an amendment proposed by the Criminal Law Advisory Committee that would reclassify a Class D misdemeanor committed against a healthcare worker in a hospital setting to allow for a warrantless arrest, the Joint Standing Committee on Criminal Justice and Public Safety voted Ought Not to Pass on LD 1199. The Committee argued that neither the original legislation nor the proposed amendment would deter individuals from committing acts of violence against healthcare workers and would result in increased arrest rates for individuals with substance use disorder or behavioral health diagnoses.

In March 2019, Dr. Mike Baumann, Chair of the Department of Emergency Medicine at Maine Medical Center, [testified](#) before the Joint Standing Committee on Criminal Justice and Public Safety in support of this legislation.

LD 1264 – An Act Relating to Insurance Coverage for Screening Mammograms

(Sen. Cathy Breen)

MaineHealth Position: Support

The Joint Standing Committee on Health Coverage, Insurance, and Financial Services voted Ought Not to Pass on legislation that would require commercial payors to cover 3D mammograms, which is now considered the standard of care in the mammography component of screening for breast cancer. There is one payor in the state that does not provide the add-on payment for 3D mammograms despite their proven efficacy and potential cost savings to both the patient and payor. The Committee believed this issue should be addressed by negotiations between providers and payors, not the Legislature.

In April 2019, Alex Szafran, Director of Radiology Services at Maine Medical Center [testified](#) before the Joint Standing Committee on Health Coverage, Insurance, and Financial Services in support of this legislation.

LD 1317 – An Act to Restore Services to Help Certain Noncitizens Meet Their Basic Needs

(Rep. Drew Gattine)

MaineHealth Position: Support

Legislation that would provide, within the State's existing resources, access to Supplemental Nutrition Assistance Program (SNAP) and Temporary Assistance for Needy Families (TANF) for certain legal non-citizens died between both Chambers on the last day of Session.

In April 2019, Dr. John Vella, Director of Nephrology and Transplantation at Maine Medical Center, testified before the Joint Standing Committee on Health and Human Services in support

of the original legislation that would have provided MaineCare coverage to these legal non-citizens. He shared with the Committee that Maine Medical Center provides pro bono outpatient dialysis in the inpatient dialysis unit for a cohort of refugees or asylees who are unable to access outpatient dialysis services without third party medical insurance.

LD 1360 – Resolve, To Expand Eligibility for Presumptive Eligibility Determinations by Hospitals

(Rep. Ryan Fecteau)

MaineHealth Position: Support (MaineHealth Sponsored Legislation)

After the Department of Health and Human Services updated the MaineCare Eligibility Manual to expand hospital presumptive eligibility to the newly eligible Medicaid population, the Joint Standing Committee on Health and Human Services voted Ought Not to Pass on LD 1360. In addition to expanding presumptive eligibility to the newly eligible population, this legislation would have also simplified the hospital presumptive eligibility process and allowed hospitals to use the process for long-term care determinations.

In April 2019, Dr. Rich Marino, Director of the Nursing Home Division at Maine Medical Partners Geriatrics, testified before the Joint Standing Committee on Health and Human Services in support of this MaineHealth sponsored legislation

LD 1582 – An Act Relating to Surgical Technologists and the Practice of Surgical Technology

(Rep. Catherine Nadeau)

MaineHealth Position: Oppose

In partnership with Northern Light Health, MaineHealth was successful in defeating LD 1582, which would have required hospitals to employ only certified surgical technologists. This change could have resulted in even more unfilled surgical technologist positions within the MaineHealth system.

In May 2019, Sarah Calder, Director of Government Affairs at MaineHealth, [testified](#) before the Joint Standing Committee on Health Coverage, Insurance, and Financial Services in opposition to this legislation.

CARRIED OVER LEGISLATION

LD 177 – Resolve, to Improve Access to Bariatric Care

(Rep. Anne Perry)

MaineHealth Position: Support (MaineHealth Sponsored Legislation)

The Joint Standing Committee on Appropriations and Financial Affairs voted to carry over until next Session legislation that would create 16 new specialized bariatric beds and a new, adequate reimbursement rate to care for these patients by September 1, 2020. The legislation also requests that the Department of Health and Human Services present to the Committee in January with an update on the progress.

In February 2019, Sarah Calder, MaineHealth Director of Government Affairs, [testified](#) before the Joint Standing Committee on Health and Human Services in support of this legislation using data provided by Dr. Chris Wellins, Senior Medical Director Utilization Management at Maine Medical Center.

[LD 227 – An Act to Strengthen Maine’s Public Health Infrastructure](#)

(Rep. Anne Perry)

MaineHealth Position: Neither For Nor Against

The Joint Standing Committee on Health and Human Services voted to carry over until next Session legislation that is a concept draft intended to provide a framework to rebuild and strengthen the State’s public health infrastructure. The sponsor requested that the bill be carried over to allow stakeholders to return next Session with specific proposals.

Working with Dr. Dora Mills, Chief Health Improvement Officer at MaineHealth, Sarah Calder, MaineHealth Director of Government Affairs, [urged](#) the Joint Standing Committee on Health and Human Services to allow the Department of Health and Human Services time to fill critical public health leadership positions, complete the process of re-accreditation, and re-energize the existing formal system for community engagement before taking action on this legislation.

[LD 231 – An Act to Improve Public Health by Maximizing Federal Funding Opportunities](#)

(Rep. Anne Perry)

MaineHealth Position: Neither For Nor Against

The Joint Standing Committee on Health and Human Services voted to carry over until next Session legislation that would designate the University of Southern Maine's Edmund S. Muskie School of Public Service as an agent of the Department of Health and Human Services for the purpose of applying for federal funds to support public health research and programming. The Committee felt that the new Commissioner of the Department of Health and Human Services needed additional time to better understand the needs of the Department before passing this legislation.

Working with Dr. Dora Mills, Chief Health Improvement Officer at MaineHealth, Sarah Calder, MaineHealth Director of Government Affairs, [urged](#) the Joint Standing Committee on Health and Human Services to create a work group of collaborative partners that can put forward recommendations that assist the Department of Health and Human Services in building the infrastructure needed to pursue and secure available federal resources.

[LD 232 – An Act to Change the Process by Which Designated Nonstate Mental Health Institutions Petition the District Court To Admit Certain Patients to a Progressive Treatment Program](#)

(Rep. Anne Perry)

MaineHealth Position: Support (MaineHealth Sponsored Legislation)

The Joint Standing Committee on Health and Human Services carried over MaineHealth-sponsored legislation that would require the Department of Health and Human Services (via the Office of the Attorney General) to represent nonstate behavioral health hospitals in bringing

forth a Progressive Treatment Program (PTP) petition to the Court. MaineHealth believes that this legislation could result in less patients transferred to either Riverview or Dorothea Dix, potentially reducing the use of State resources and reducing recovery time for patients.

In April 2019, Dr. Rob McCarley, Vice President of Medical Affairs for Maine Behavioral Healthcare, [testified](#) before the Joint Standing Committee on Health and Human Services in support of this legislation.

[LD 493 – An Act to Provide Lung Cancer Counseling and Screening for MaineCare Recipients](#)

(Sen. Linda Sanborn)

MaineHealth Position: Support

The Joint Standing Committee on Appropriations and Financial Affairs voted to carry over until next Session legislation that would require MaineCare to reimburse for lung cancer counseling and screening.

In March 2019, Dr. Nicoleta Toma, Preventive Medicine Fellow at Maine Medical Center, and Dr. Neil Korsen, physician scientist at CORE and co-chair of the Maine Lung Cancer Coalition, testified before the Joint Standing Committee on Health and Human Services in support of this legislation.

[LD 647 – An Act to Attract, Educate and Retain New State Residents to Strengthen the Workforce](#)

(Rep. Kristen Cloutier)

MaineHealth Position: Support

The Joint Standing Committee on Appropriations and Financial Affairs voted to carry over until next Session legislation that would create and fund various programs to provide education and training for the immigrant population. The bill included funding for the expansion of the Welcome Center Initiative in Lewiston and for the New Mainers Resource Center in Portland for adult education programs.

In May 2019, Sarah Calder, MaineHealth Director of Government Affairs, testified before the Joint Standing Committee on Innovation, Development, Economic Advancement and Business in support of this legislation. She highlighted that MaineHealth has made significant investments to “grow our own” to help combat the growing workforce shortage and to help fill the over 1,300 open positions across the system. MaineHealth is also partnering with the New Mainers Resource Center, the City of Portland, and other similar organizations on various initiatives to help connect new Mainers with employment, training, and educational opportunities.

[LD 745 – An Act to Support the Northern New England Poison Center](#)

(Rep. Erik Jorgensen)

MaineHealth Position: Support (MaineHealth Sponsored Legislation)

The Joint Standing Committee on Appropriations and Financial Affairs voted to carry over until next Session legislation that would appropriate \$281,000 in general funds to the Northern New England Poison Center (NNEPC) to bring Maine in-line with what the State of New Hampshire provides in general funds. New Hampshire and Maine are similar in population, but a majority of the calls received by the NNEPC originate from Maine residents.

In February 2019, Karen Simone, Director of the NNEPC, testified before the Joint Standing Committee on Health and Human Services in support of this legislation.

LD 799 – An Act to Create the Maine Health Care Provider Loan Repayment Program

(Rep. Erik Jorgensen)

MaineHealth Position: Support

The Joint Standing Committee on Appropriations and Financial Affairs voted to carry over until next Session legislation that would appropriate \$1 million in funding to the Maine Nursing Education Loan Repayment Program administered by the Finance Authority of Maine to repay the student loans of nurse educators who are currently enrolled or have completed a master's or doctoral degree in nursing.

LD 880 – An Act to Respond to Federal Changes to Social Programs

(Rep. Patricia Hymanson)

MaineHealth Position: Support

The Joint Standing Committee on Appropriations and Financial Affairs voted to carry over until next Session legislation that would direct the Department of Health and Human Services to study the impact of the minimum wage increase and paid leave on Medicaid providers, like hospitals and nursing homes.

LD 1039 – Resolve, To Establish and Fund Interventions for At-risk Families and Children

(Rep. Colleen Madigan)

MaineHealth Position: Support

The Joint Standing Committee on Appropriations and Financial Affairs voted to carry over until next Session legislation that would provide funding for Multisystemic Therapy for Child Abuse and Neglect (MST-CAN), which is specifically designed to be used with families who have complex and multifactorial risks for child abuse and neglect and who are also involved with Child Protective Services (CPS).

In April 2019, Catherine McAllister, LCSW and MST Services Program Manager at Maine Behavioral Healthcare, testified before the Joint Standing Committee on Health and Human Services in support of this legislation.

LD 1135 – Resolve, To Increase Funding for Evidence-based Assertive Community Treatment

(Rep. Colleen Madigan)

MaineHealth Position: Support

The Joint Standing Committee on Appropriations and Financial Affairs voted to carry over legislation that would provide a 25% rate increase for Assertive Community Treatment (ACT) to be addressed next Session. ACT is an intensive community-based treatment program with a multi-disciplinary team of providers that supports MaineCare eligible adults who have a major mental illness diagnosis and often co-occurring disorders. Without an adequate reimbursement rate increase, ACT services throughout the state are in jeopardy of being significantly reduced.

In April 2019, Dr. Ron Young, Senior Director of Intensive Services at Maine Behavioral Healthcare, [testified](#) before the Joint Standing Committee on Health and Human Services in support of this legislation.

LD 1229 – Resolve, To Establish the Committee to Study and Develop Recommendations to Address Guardianship Challenges that Delay Patient Discharges from Hospitals

(Rep. Jay McCreight)

MaineHealth Position: Support (MaineHealth Sponsored Legislation)

The Joint Standing Committee on Appropriations and Financial Affairs voted to carry over until next Session legislation that would create a task force to develop recommendations to address guardianship, conservatorship, and authorization of transaction challenges.

In April 2019, Sarah Calder, MaineHealth Director of Government Affairs, [testified](#) before the Joint Standing Committee on Judiciary in support of this legislation using data provided by Dr. Chris Wellins, Senior Medical Director Utilization Management at Maine Medical Center, and Mara Larkin, Complex Care and Social Work Manager at Maine Medical Center.

LD 1373 – Resolve, To Reduce MaineCare Spending through Targeted Nutrition Interventions

(Rep. Michele Meyer)

MaineHealth Position: Support

The Joint Standing Committee on Health and Human Services voted to carry over until next Session legislation that directs the Department of Health and Human Services to file an application with the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services for a demonstration waiver to allow for reimbursement of medically tailored food and nutrition interventions when a health care provider determines that it is necessary for a patient's health.

In April 2019, Sarah Calder, MaineHealth Director of Government Affairs, [testified](#) before the Joint Standing Committee on Judiciary in support of this legislation and shared that MaineCare

families often tell MaineHealth's gastroenterology providers that they struggle to afford medical foods and formula, which results in poor adherence, worsened health status, and, likely, increased utilization from additional visits, tests, and admission.

LD 1418 – An Act to Address Maine's Shortage of Behavioral Health Services for Minors

(Rep. Jay McCreight)

MaineHealth Position: Support

The Joint Standing Committee on Health and Human Services voted to carry over until next Session legislation that seeks to address the issue of extended stays of minors with behavioral health needs in hospital emergency departments. It attempts to do so by: (1) creating a statewide list of available mental health program and community service provider placements; (2) directing the Department of Health and Human Services to study the reason for extended stays and report back to the Legislature annually; and (3) directing the Department of Health and Human Services to consider adding a child behavioral needs advocate within the Department and to submit a report to the Legislature by January 1, 2020.

In April 2019, Sarah Calder, MaineHealth Director of Government Affairs, [testified](#) before the Joint Standing Committee on Health and Human Services in support of this legislation and highlighted not only the challenges of extended stays in MaineHealth's emergency departments, but also the number of children with behavioral health needs who are staying in psychiatric inpatient beds for months after completing acute treatment because they are waiting for transfer to residential treatment facilities or other services.

LD 1461 – An Act to Support Early Intervention and Treatment of Mental Health Disorders

(Sen. Cathy Breen)

MaineHealth Position: Support (MaineHealth Sponsored Legislation)

The Joint Standing Committee on Appropriations and Financial Affairs voted to carry over until next Session legislation that would create a bundled MaineCare reimbursement rate for Coordinated Specialty Care (CSC), which is the standard of treatment of First Episode Psychosis. In the meantime, however, the Chairs of the Joint Standing Committee on Health and Human Services sent a letter to Department of Health and Human Services Commissioner Jeanne Lambrew directing the Department to submit a State Plan Amendment to the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services to establish the bundled reimbursement rate. Should the State Plan Amendment be approved, the Legislature will have an opportunity to enact LD 1461 with the bundled rate going into effect on July 1, 2020.

The Portland Identification and Early Referral (PIER) Program at Maine Medical Center uses the CSC model, which has demonstrated a marked reduction in re-hospitalization rates, in addition to providing quality and effective care for the last 20 years.

In April 2019, Dr. Doug Robbins, child psychiatrist at Maine Behavioral Healthcare, [testified](#) before the Joint Standing Committee on Health and Human Services in support of this legislation.

[LD 1822 – An Act to Protect Access to Services for Adults with Serious and Persistent Mental Illness](#)

(Rep. Drew Gattine)

MaineHealth Position: Oppose as Drafted

The Joint Standing Committee on Health and Human Services voted to carry over until next Session legislation introduced by Department of Health and Human Services that would allow adults with serious and persistent mental illness to bring a private right of action against a provider, with a contract with the Department of Health and Human Services, if the provider denies the individual access to services. The legislation was introduced in an attempt to meet the requirements of the Augusta Mental Health Institute (AMHI) Consent Decree with the ultimate intent to eliminate the Consent Decree. Disability Rights Maine, the Department of Health and Human Services, and the AMHI Consent Decree court master, former Chief Justice Daniel Wathen, support this legislation.

MaineHealth has significant concerns with the legislation, which does not define “denial” or “access,” and with a shortage of mental health providers and inadequate reimbursement rates, many services, like medication management, have wait lists that approach three months. Additionally, this legislation could add unnecessary expense in the healthcare system with increased threats of lawsuits and the associated legal costs.

For questions related to this report, please contact:

Katie Fullam Harris
Senior Vice President of Government Affairs
(207) 661-7542—Office
HARRIK2@mainehealth.org.