



EXECUTIVE SUMMARY

The 2018 Legislative Session 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 Second Regular Session of the 128th Maine Legislature. Since the Session began in January, we have tracked, analyzed, and weighed in on over 100 bills and amendments that are of interest to MaineHealth and its members. The Government Affairs Team advanced many important initiatives, including legislation to create the Barbara Bush Children’s Hospital license plate, and amended or defeated bills that would have negatively impacted hospitals and or the healthcare delivery system, including the proposed creation of a legislative approval process for the reduction or closure of a service or hospital.

The Short Session was fraught with political gridlock and tested the knowledge of constitutional lawyers when the Maine House failed to extend Session past Statutory Adjournment and ventured into uncharted territory. To prevent the 265 active bills from dying upon adjournment on the night of April 18, 2018, the Legislature voted to keep the remaining bills alive in the event of a Special Session.

When the Legislature reconvened for Veto Day, the House once again failed to extend Session to address the over 130 bills that remain on the Appropriations Table. Key bills remaining include tax conformity, funding for direct care workers, Medicaid rate increases, Medicaid expansion, bonds and funding for opioid use disorder treatment. As a result, on May 2, 2018, the Legislature adjourned Sine Die (Without Day). The 265 active bills remain in limbo and will die unless the Governor compels the Legislature back for a Special Session or the majority of each caucus votes to reconvene to address the remaining issues.

The Government Affairs Team compiled the following overview of key bills addressed this Session that are relevant to MaineHealth and its members. The report also includes many of the 265 bills that the Legislature failed to act on prior to adjourning Sine Die on May 2. Should the Legislature reconvene for a Special Session, we will send out an updated report to reflect new action taken on key legislation.

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.

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 August 1, 2018. This also applies to bills that pass into law without the Governor’s signature. Emergency legislation—specified in the first section of a bill—becomes effective immediately upon the Governor signing the bill, letting the bill become law without his signature, or if the Legislature overrides the Governor’s veto, unless another date is specified in the bill.

The Legislative Session formally adjourned on May 2, 2018. Unless specifically noted below the effective date for all legislation passed into law is **August 1, 2018.**

PUBLIC LAWS

LD 384, Resolve, To Clarify Reimbursement for Parent-only Programs under the MaineCare Program

(Sen. Rebecca Millett)

MaineHealth Position: Support

Resolve, Chapter 47 directs the Department of Health and Human Services to amend its rules in Chapter 101: MaineCare Benefits Manual, Chapters II and III, Sections 28, 65 and 90 to reimburse for services provided to a parent or guardian of a child who qualifies for the MaineCare program but who is not present when the service is being provided, as long as the service relates to the child's plan of care and is permitted by the U.S. Centers for Medicare & Medicaid Services. These services may be provided to parents or guardians individually or in groups as long as the service is allowable under federal law. Rulemaking to implement this resolve is expected to be routine, and we will follow the rulemaking process.

LD 1388, An Act To Prohibit the Falsification of Medical Records

(Sen. Kimberley Rosen)

MaineHealth Position: Oppose

Public Law, Chapter 410 makes the falsification of a health care record with the intent to deceive another person a Class D crime and a Class C crime if any reliance on the falsification causes bodily injury or the impairment of a person's mental or behavioral condition.

LD 1664, Resolve, Regarding Legislative Review of Portions of Chapters 126 and 261: Immunization Requirements for School Children, Joint Major Substantive Rules of the Department of Education and the Department of Health and Human Services

(Rep. Patricia Hymanson)

MaineHealth Position: Support

Resolve, Chapter 32 adopted the Department of Education and the Department of Health and Human Services’ joint major substantive rule changes to Chapters 126 and 261: Immunization for School Children. Effective immediately, one quadrivalent meningococcal conjugate vaccination will be required for children entering seventh grade and two will be required for

those entering twelfth grade (or one dose if the first is received when the child is sixteen years of age or older).

In January 2018, Sarah Calder, Director of Government Affairs at MaineHealth, [testified in support](#) of this legislation before the Joint Standing Committee on Health and Human Services.

[LD 1685, An Act to Create the Barbara Bush Children’s Hospital \(BBCH\) Registration Plate](#)
(Sen. Ronald Collins)
MaineHealth Bill

[Public Law, Chapter 400](#) creates the Barbara Bush Children’s Hospital (BBCH) license plate. The revenue generated by the plate will allow BBCH to continue to enhance the care they provide for Maine’s most critically ill children. The license plate is expected to be available this fall.

In January 2018, [Dr. John Bancroft](#), Chief of Pediatrics at the Barbara Bush Children’s Hospital, and [Linda K. Brady](#), Neonatal Intensive Care Unit Nurse Manager at the Barbara Bush Children’s Hospital, testified in support of this legislation before the Joint Standing Committee on Transportation.

Families and staff from BBCH gather for the press following the public hearing for LD 1685, which passed unanimously out of the Transportation Committee.



[LD 1719, An Act to Implement a Regulatory Structure for Adult Use Marijuana](#)
(Rep. Teresa Pierce)
MaineHealth Position: Monitor

The Legislature overrode Governor Paul LePage’s veto of LD 1719, “An Act to Implement a Regulatory Structure for Adult Use Marijuana.” [Public Law, Chapter 409](#) facilitates the development and administration of a regulated marketplace for adult use marijuana, the regulation of the personal use of marijuana, and the home cultivation of marijuana for personal adult use, as approved by the voters at referendum in November 2016. While the law is effective immediately, the various agencies charged with implementation, administration, and enforcement must still adopt the rules and regulations necessary for implementation, which many expect could take nearly a year to complete. Of note for employers, the law allows employers to continue to test for marijuana pre-employment. The referendum approved by voters in November 2016 prohibited employers from discriminating for marijuana use.

LD 1771, An Act to Stabilize Vulnerable Families

(Sen. Amy Volk)

MaineHealth Position: Support

Public Law, Chapter 415 requires the Department of Health and Human Services to use federal block grant funds to develop two housing-based projects employing evidence-based strategies in a holistic approach to recovery for mothers with children under the age of 10 who are affected by opioid dependence. The law is based on the model of the McAuley Residence in Portland.

LD 1778, Resolve, Regarding Medicaid Reimbursement for Rehabilitation Hospitals

(Rep. Erik Jorgensen)

MaineHealth Position: Support

Resolve, Chapter 41 requires the Department of Health and Human Services (DHHS) to adjust the New England Rehabilitation Hospital of Portland's (NERHP) hospital provider reimbursement rate from 55% of the Medicare rate to approximately 75% of the Medicare rate to mitigate the loss as a result of a recent DHHS rule change. The DHHS rule change updated the provider tax program in 2017 to base the federal match not just on a hospital's Medicaid inpatient census, but on a mix of a hospital's Medicaid inpatient and outpatient census. This change was budget neutral; however, the change disproportionately impacted one hospital in the state of Maine – NERHP – because the hospital does not have Medicaid outpatient volume.

In February 2018, Sarah Calder, Director of Government Affairs at MaineHealth, [testified in support](#) of this legislation before the Joint Standing Committee on Health and Human Services.

LD 1871, An Act to Implement the Recommendations of the Task Force to Address the Opioid Crisis in the State Regarding Respectful Language

(Sen. Eric Brakey)

MaineHealth Position: Support

Public Law, Chapter 407 replaces any statutory references to “substance abuse” with “substance use disorder.” The Task Force to Address the Opioid Crisis, of which Katie Fullam Harris was a member, recommended this change as a step to address stigmatizing terminology.

In March 2018, Randy Morrison, Director of Peer Services at Maine Behavioral Healthcare, submitted written [testimony in support](#) of this legislation to the Joint Standing Committee on Health and Human Services.

LD 1875, An Act to Amend the Maine Life and Health Insurance Guaranty Association Act
(Sen. Rodney Whittemore – Governor's Bill)

MaineHealth Position: Support

Public Law, Chapter 382 makes various changes to the Maine Life and Health Insurance Guaranty Association Act. Of interest to hospitals, the law provides protections for providers who deliver services to enrollees of an insolvent plan have the same coverage benefit as provided to the enrollee.

LD 1888 – An Act to amend the Workers’ Compensation Laws Governing Affiliated Self-Insurance Groups

(Sen. Amy Volk)

MaineHealth Position: Support

Public Law, Chapter 401 provides self-insured employers, including MaineHealth, flexibility in how they fund their workers’ compensation program. Under this law, MaineHealth would be able to use a letter of credit to fund workers’ compensation program instead of cash reserves as currently mandated.

In March 2018, Lee Cyr, Director of Insurance Services at Synernet, Inc., [testified in support](#) of this legislation before the Joint Standing Committee on Insurance and Financial Services.

LD 1892, An Act To Clarify the Prescribing and Dispensing of Naloxone Hydrochloride by Pharmacists

(Speaker Sara Gideon)

MaineHealth Position: Support

Public Law, Chapter 417 allows pharmacists to prescribe and dispense naloxone hydrochloride to an individual of any age. As Emergency legislation, this law became effective on May 2, 2018.

DEFEATED LEGISLATION

LD 898, An Act to Address Mandatory Overtime for Hospital Professionals – DEAD (Sen. Garrett Mason)

MaineHealth Position: Oppose

In large part due to the work of the hospital community, the sponsor agreed to pull LD 898, “An Act to Address Mandatory Overtime for Hospital Professionals,” from consideration. This legislation would have prohibited hospitals from requiring employees work longer than 12 hour shifts and would have had a disastrous impact on patient care by forcing hospitals to schedule a maximum of eight hour shifts for nurses and residents.

LD 1063, An Act To Protect Substance exposed Infants – DEAD (Rep. Scott Hamann)

MaineHealth Position: No Position

The Legislature sustained Governor Paul LePage’s veto of LD 1063, “An Act to Protect Substance exposed Infants,” which would have required that the Department of Health and Human Services conduct outreach to ensure that providers are aware of the availability of reimbursement under MaineCare rules for contraceptive counseling and placement of a method of long-acting, reversible contraception.

LD 1329, An Act to Allow Tobacco Retail Establishments to Serve Alcohol – DEAD (Rep. Jeffrey Pierce)

MaineHealth Position: Oppose

Similar to legislation defeated last Session, LD 1329, “An Act to Allow Tobacco Retail Establishments to Serve Alcohol,” would have allowed tobacco retail shops, of which there are approximately 100 in the state, to serve alcohol. Like the previously introduced legislation, LD 1329 was also defeated.

In January 2018, Katie Fullam Harris, Senior Vice President of Government Relations and Accountable Care Strategy at MaineHealth, [testified in opposition](#) to this bill before the Joint Standing Committee on Health and Human Services.

LD 1587, An Act to Provide Economic Security to Maine Families through the Creation of a Paid Family Medical Leave System – DEAD (Rep. Erin Herbig)

MaineHealth Position: No Position

The Legislature sustained Governor Paul LePage’s veto of LD 1587, “An Act to Provide Economic Security to Maine Families through the Creation of a Paid Family Medical Leave System,” which would have directed the University of Maine System to carry out a study to examine costs and benefits of implementing a paid family leave program in the State.

LD 1712, An Act Regarding Health Care Ombudsman Services – DEAD

(Rep. Karen Vachon)

MaineHealth Position: Support

After receiving significant pushback from Maine Consumers for Affordable Health Care, an amended version of LD 1712, “An Act Regarding Health Care Ombudsman Services,” failed in committee. The amendment would have modified the mandatory charity care laws and rules so that individuals who were eligible for subsidies to purchase insurance on the Exchange would not be eligible for charity care. This amendment was significantly different from the original legislation, which would have allowed the MaineCare ombudsman program to support eligible individuals to purchase special enrollment insurance coverage on the health insurance marketplace.

In January 2018, Sarah Calder, Director of Government Affairs at MaineHealth, [testified in support](#) of the original version of LD 1712 before the Joint Standing Committee on Health and Human Services.

LD 1715, An Act to Ensure Rural Patient Populations Receive Safe and Effective Health Care – DEAD

(Rep. Stephen Stanley)

MaineHealth Position: Oppose

In partnership with the Maine Hospital Association and EMHS, MaineHealth was successful in defeating LD 1715, “An Act to Ensure Rural Patient Populations Receive Safe and Effective Health Care.” Introduced in response to Calais Regional Hospital closing its obstetrics department, LD 1715 would have created an onerous reporting and approval process by which the Legislature’s Health and Human Services Committee would have the power to approve or deny any hospital that wishes to reduce or discontinue a service or close the hospital.

At the request of the Joint Standing Committee on Health and Human Services and its desire to help protect our local hospitals, MaineHealth, in partnership with the Maine Hospital Association and EMHS, drafted a letter that the Committee sent to Maine’s Congressional Delegation. The letter detailed the numerous challenges facing hospitals given several federal policies and funding cuts, including cuts to the 340B program, and asks the Delegation to take action on various legislative proposals that would help Maine’s hospitals and the patients they serve.

In February 2018, Katie Fullam Harris, Senior Vice President of Government Relations and Accountable Care Strategy at MaineHealth, [testified in opposition](#) to this bill before the Joint Standing Committee on Health and Human Services.

LD 1768, An Act to Reduce Impairment on the Job and Improve Workplace Safety by Amending the Laws Governing Employment Practices Concerning Substance Use Testing

– DEAD

(Sen. Amy Volk)

MaineHealth Position: Oppose

Due to significant concerns expressed by both the business community and civil liberties groups, LD 1768, “An Act to Reduce Impairment on the Job and Improve Workplace Safety by Amending the Laws Governing Employment Practices Concerning Substance Use Testing,” failed in committee.

MaineHealth was opposed to this legislation because the Department of Labor’s standard testing policy may not align with the needs or concerns of employers, like MaineHealth. For example, marijuana testing could be removed from the panel given that Maine voted to legalize marijuana use, notwithstanding its continued illegality under federal law, or alcohol testing could be required. Currently, MaineHealth has the flexibility to customize its substance use testing, with approval by the Department of Labor, to meet the needs of the organization and to ensure patient safety.

In January 2018, Sarah Calder, Director of Government Affairs for MaineHealth, submitted [written testimony](#) detailing MaineHealth’s concerns with this bill to the Joint Standing Committee on Labor, Commerce, Research and Economic Development.

LD 1864 – An Act to Establish Universal Home Care for Seniors and Persons with Disabilities – DEAD

(Maine People’s Alliance Home Care Referendum)

MaineHealth Position: Oppose

The two chambers of the Legislature failed to reach an agreement on whether to hold a public hearing on the Maine People’s Alliance’s ballot initiative that would impose a new \$300 million tax on Mainers in order to fund universal home care. As a result, LD 1864, “An Act to Establish Universal Home Care for Seniors and Persons with Disabilities,” which mirrors the Maine People’s Alliance’s ballot initiative, died without an opportunity to publicly debate the merits of the bill. MaineHealth’s Leadership Team joined the Home Care Alliance and the Maine Hospital Association in opposing the referendum.

LD 1904, An Act to Prohibit the Practice of Female Genital Mutilation of a Minor – DEAD

(Sen. Kimberley Rosen)

MaineHealth Position: No Position

Tasked with combining two competing bills (one introduced by Governor Paul LePage and the other the Democrat’s response) banning female genital mutilation (FGM) in Maine, the Joint Standing Committee on Criminal Justice and Public Safety was unable to unanimously report out a compromise bill given the highly political nature of the issue. The majority of the Committee eventually voted out LD 1904, “An Act to Prohibit the Practice of Female Genital Mutilation of a Minor,” but the Legislature was not able to reconcile their differences and the legislation died between houses.

With no reports of FGM occurring in Maine and Attorney General Janet Mill's public commitment to prosecute such acts of FGM under the Maine Criminal Code, MaineHealth's Leadership Team agreed not to take a position on any of the bills introduced because the issue was so embroiled in politics. MaineHealth, however, in partnership with the Maine Medical Association, did work to ensure that providers were protected in LD 1904 from criminal prosecution and the loss of their license for performing necessary medical procedures that could be considered FGM.

UNFINISHED LEGISLATION

[LD 105, An Act To Create the Substance Use Disorders Cabinet](#)

(Rep. Patricia Hymanson)

MaineHealth Position: Support

Fiscal Note: Current biennium cost increase

LD 105, “An Act to Create the Substance Use Disorders Cabinet,” would create the Substance Use Disorders Cabinet that would include representatives from the Department of Labor, Department of Health and Human Services, among others, and one person from the public appointed by the Governor. It would enable departments to pool resources and also would seek to bring in money from private businesses to help combat the opioid crisis in Maine. If enacted, the bill would become effective February 2019. The bill is currently on the Special Appropriations Table awaiting action by the Joint Standing Committee on Appropriations and Financial Affairs.

[LD 401, An Act to Require Reimbursement to Hospitals for Patients Awaiting Placement in Nursing Facilities](#)

(Rep. Heather Sirocki)

MaineHealth Position: Support

Fiscal Note: \$35,390 (General Fund, Fiscal Year 2018)

Introduced on behalf of the Maine Hospital Association, LD 401, “An Act to Require Reimbursement to Hospitals for Patients Awaiting Placement in Nursing Facilities,” directs the Department of Health and Human Services to provide reimbursement to hospitals (excluding Critical Access Hospitals) for each day after the tenth day that a MaineCare eligible patient is in the care of a hospital while awaiting placement in a nursing facility. The bill is currently on the Special Appropriations Table awaiting action by the Joint Standing Committee on Appropriations and Financial Affairs.

[LD 520, An Act to Authorize a General Fund Bond Issue to Increase Rural Maine’s Access to Broadband Internet Service](#)

(Rep. Seth Berry)

MaineHealth Position: Support

LD 520, “An Act to Authorize a General Fund Bond Issue to Increase Rural Maine’s Access to Broadband Internet Service,” would provide a bond issue in the amount of \$100,000,000 for broadband Internet service in unserved and underserved areas in Maine. MaineHealth supported this bond because expanded broadband coverage in the rural areas of Maine could help bring telehealth to those underserved areas and lack of access to broadband can also affect physician recruitment and retention. The Joint Standing Committee on Appropriations and Financial Affairs did not take action on bond initiatives prior to the Legislature adjourning Sine Die, and the legislation remains alive should the Legislature reconvene.

In January 2018, Sarah Calder, Director of Government Affairs for MaineHealth, [testified in support](#) of this legislation before the Joint Standing Committee on Appropriations and Financial Affairs.

LD 837, An Act to Provide Supplemental Appropriations and Allocations for the Operations of State Government

(Rep. Erik Jorgensen)

MaineHealth Position: Support

Fiscal Note: \$3,840,790 (General Fund, Fiscal Year 2018); \$5,244,394 (Other Special Revenue Funds, Fiscal Year 2018)

LD 837, “An Act to Provide Supplemental Appropriations and Allocations for the Operations of State Government,” would fund more than 100 new positions at the Department of Health and Human Services to handle the increased workload that will occur when Medicaid expansion is implemented. While the Joint Standing Committee on Appropriations and Financial Affairs reported the legislation out of Committee, the Legislature did not take action prior to adjourning Sine Die, and the legislation remains alive should the Legislature reconvene.

In April 2018, Sarah Calder, Director of Government Affairs for MaineHealth, submitted written [testimony in support](#) of this bill to the Joint Standing Committee on Appropriations and Financial Affairs.

LD 842, Resolve, To Support Home Health Services (Rep. Erik Jorgensen)

MaineHealth Position: Support

Fiscal Note: \$143,697 (General Fund, Fiscal Year 2018)

Representative Erik Jorgensen introduced LD 842, “Resolve, To Support Home Health Services,” on behalf of MaineHealth. The original bill directs the Department of Health and Human Services to increase reimbursement rates for home health services under MaineCare Section 40 by 30%. It is important to note that rates have not been increased in two decades.

The Legislature ultimately approved an amended version that would provide a MaineCare reimbursement rate increase of 70% of the Medicare rate for home health services. The bill is currently on the Special Appropriations Table awaiting action by the Joint Standing Committee on Appropriations and Financial Affairs.

In March 2017, Donna Deblois, President and CEO of MaineHealth Care at Home, [testified in support](#) of this legislation before the Joint Standing Committee on Health and Human Services.



Carol Rivest, MaineHealth Care at Home Provider Relations Representative, shares with Rep. Christopher Babbidge the many challenges facing home health providers at the Home Care Alliance’s annual lobby day in the State House.

LD 902, Resolve, To Increase Access to Evidence-based Psychosocial Treatment for Children in the MaineCare Program

(Rep. Richard Malaby)

MaineHealth Position: Support

Fiscal Note: \$50,000 (General Fund, Fiscal Year 2018)

LD 902, “Resolve, To Increase Access to Evidence-based Psychosocial Treatment for Children in the MaineCare Program,” calls for a rate study to determine an appropriate MaineCare reimbursement rate for trauma-focused cognitive behavioral therapy (TF-CBT). The bill is currently on the Special Appropriations Table awaiting action by the Joint Standing Committee on Appropriations and Financial Affairs.

In March 2017, Rebecca Brown, Clinical Manager at Maine Behavioral Healthcare, [testified in support](#) of this legislation before the Joint Standing Committee on Health and Human Services.

LD 912, An Act to Clarify the Scope and Practice of Certain Licensed Professionals Regarding Conversion Therapy

(Rep. Ryan Fecteau)

MaineHealth Position: Support

LD 912, “An Act to Clarify the Scope and Practice of Certain Licensed Professionals Regarding Conversion Therapy,” would prohibit certain licensed health care professionals from providing conversion therapy to individuals under the age of 18. Conversion therapy has been condemned by every major association representing medical and mental health, including the American Academy of Pediatrics, American Psychiatric Association, American Psychological Association and National Association of Social Workers, among others. The legislation became partisan and, as a result, the Legislature continued to debate differences prior to adjourning Sine Die. It seems likely, should the Legislature reconvene, that the bill will die between houses.

In February 2018, Brandy Brown, Coordinator of the Gender Clinic at the Barbara Bush Children’s Hospital, [testified in support](#) of this legislation before the Joint Standing Committee on Labor, Commerce, Research and Economic Development.

LD 1133, An Act Regarding Access To Appropriate Residential Services for Individuals Being Discharged from Psychiatric Hospitalization

(Rep. Joyce McCreight)

MaineHealth Position: Support

Fiscal Note: Current biennium cost increase

LD 1133, “An Act Regarding Access to Appropriate Residential Services for Individuals Being Discharged from Psychiatric Hospitalization,” would allow Private Non-Medical Institution (PNMI) Medical and Remedial Services Facilities to apply to the Department of Health and Human Services for time-limited support services required to meet the needs of a high needs patient. The bill is currently on the Special Appropriations Table awaiting action by the Joint Standing Committee on Appropriations and Financial Affairs.

[LD 1430, An Act to Develop a Statewide Resource and Referral Center and Develop Hub-and-spoke Model to Improve Access, Treatment and Recovery for Those with Substance Use Disorder](#)

(Rep. Karen Vachon)

MaineHealth Bill

Fiscal Note: \$6,663,000 (General Fund, Fiscal Year 2018)

Introduced on behalf of MaineHealth and EMHS, LD 1430, “An Act to Develop a Statewide Resource and Referral Center and Develop Hub-and-spoke Model to Improve Access, Treatment and Recovery for Those with Substance Use Disorder,” defines a model of treatment to serve patients with opioid use disorder at all stages of recovery. Specifically, the bill requires the Department of Health and Human Services to contract with treatment providers across the state, and provides \$6.6 million to support treatment for uninsured patients and education and training for providers. The bill is currently on the Special Appropriations Table awaiting action by the Joint Standing Committee on Appropriations and Financial Affairs.

In April 2017, [Katie Fullam Harris](#), Senior Vice President of Government Relations and Accountable Care Strategy at MaineHealth, [Dalene Sinskie](#), Executive Director of Evergreen Behavioral Services, and [Susan Keiler](#), a senior vice president at Southern Maine Health Care, testified in support of this bill before the Joint Standing Committee on Health and Human Services.

[LD 1539, An Act to Amend Maine's Medical Marijuana Law](#)

(Rep. Deborah Sanderson)

MaineHealth Position: Monitor

Prior to adjourning Sine Die, the Senate held from final enactment LD 1539, “An Act to Amend Maine's Medical Marijuana Law,” which updates the existing medical marijuana law. The most notable change included in the legislation is the removal of the qualifying medical conditions provision. The bill allows a medical provider to provide a written certification, which states that, in the medical provider's professional opinion, a patient is likely to receive therapeutic or palliative benefit from the medical use of marijuana to treat or alleviate the patient's medical diagnosis or symptoms associated with the medical diagnosis. The legislation remains alive should the Legislature reconvene for a Special Session.

[LD 1682, An Act To Ensure the Quality of and Increase Access to Recovery Residences](#)

(Sen. Shenna Bellows)

MaineHealth Position: Support

Fiscal Note: \$100,000 (General Fund, Fiscal Year 2018)

LD 1682, “An Act to Ensure the Quality and Increase Access to Recovery Residences,” directs the Department of Health and Human Services to establish a voluntary certification process for recovery residences based on criteria for recovery residences developed by a nationally recognized organization that supports persons recovering from a substance use disorder. It also directs the Maine State Housing Authority to create a pilot project to provide a short-term rental subsidy to a person recovering from a substance use disorder to reside in a certified recovery residence.

MaineHealth supported this legislation because it could help increase access to high quality recovery residences. In 2017, a staggering 418 Maine people died of drug overdose, which is an 11 percent increase over the previous year. If we are to successfully address this epidemic, a multi-faceted approach must be employed, including increasing access to safe housing. The bill is currently on the Special Appropriations Table awaiting action by the Joint Standing Committee on Appropriations and Financial Affairs.

[LD 1707, An Act to Reduce the Cost of Care Resulting from Blood-borne Infectious Diseases](#)

(Rep. Karen Vachon)

MaineHealth Position: Support

Fiscal Note: \$75,000 (General Fund, Fiscal Year 2018)

LD 1707, “An Act to Reduce the Cost of Care Resulting from Blood-borne Infectious Diseases,” would appropriate \$75,000 annually for two years to needle exchange programs. The bill is currently on the Special Appropriations Table awaiting action by the Joint Standing Committee on Appropriations and Financial Affairs.

In January 2018, Dr. Kinna Thakarar, Infectious Disease Specialist at InterMed, [testified in support](#) of this legislation before the Joint Standing Committee on Health and Human Services.

[LD 1711, Resolve, to Save Lives by Establishing a Homeless Opioid Users Service Engagement Pilot Project within the Department of Health and Human Services](#)

(Rep. Drew Gattine)

MaineHealth Position: Support

Fiscal Note: \$2,084,096 (General Fund, Fiscal Year 2018)

An initiative of Preble Street in Portland, LD 1711, “Resolve, to Save Lives by Establishing a Homeless Opioid Users Service Engagement Pilot Project within the Department of Health and Human Services,” would establish the Homeless Opioid Users Service Engagement pilot project to provide low-barrier treatment and stable housing to support recovery and stability for opioid users who are homeless and unemployed. The bill is currently on the Special Appropriations Table awaiting action by the Joint Standing Committee on Appropriations and Financial Affairs.

In January 2018, Dr. Debra Rothenberg of Maine Medical Center [testified](#) before the Joint Standing Committee on Health and Human Services in support of this legislation and a comprehensive approach to the opioid crisis, as recommended by the Legislature’s Opioid Task Force.

[LD 1714, An Act To Clarify Liability Pertaining to the Collection of Debts of MaineCare Providers by the Department of Health and Human Services](#)

(Rep. Drew Gattine)

MaineHealth Position: Support

Fiscal Note: Potential current biennium cost increase

LD 1714, “An Act to Clarify Liability Pertaining to the Collection of Debts of MaineCare Providers by the Department of Health and Human Services” (DHHS), fixes a previous rule change by DHHS, which would hold volunteer board members financially accountable and

would require board members obtain directors and officers liability insurance. DHHS' rule change would have made the recruitment of volunteer board members more difficult. The bill is currently on the Special Appropriations Table awaiting action by the Joint Standing Committee on Appropriations and Financial Affairs.

LD 1737, An Act to Preserve Medication Management for Persons with Mental Health Needs

(Sen. Cathy Breen)

MaineHealth Position: Support

Fiscal Note: \$568,004 (General Fund, Fiscal Year 2018)

LD 1737, “An Act to Preserve Medication Management for Persons with Mental Health Needs,” would provide a 15 percent rate increase to medication management services provided under rule Chapter 101: MaineCare Benefits Manual, Chapter III, Section 65: Behavioral Health Services – otherwise known as outpatient psychiatry. Maine Behavioral Healthcare is one of very few agencies still providing this service to MaineCare clients, and it has a waiting list of approximately 1,200 clients. It is important to note that rates have not been increased in almost a decade. The bill is currently on the Special Appropriations Table awaiting action by the Joint Standing Committee on Appropriations and Financial Affairs.

In February 2018, [Michael Abbatiello](#), Senior Vice President of Operations and Finance at Maine Behavioral Healthcare, and [Creighton Taylor](#), member of Maine Behavioral Health Board of Trustees, testified in support of this legislation before the Joint Standing Committee on Health and Human Services.

LD 1834, An Act to Authorize a General Fund Bond Issue to Provide for Student Loan Debt Relief

(Rep. Martin Grohman – Governor’s Bill)

MaineHealth Position: Support

LD 1834, “An Act to Authorize a General Fund Bond Issue to Provide for Student Loan Debt Relief,” would provide a bond issue in the amount of \$50,000,000 to provide funds to the Finance Authority of Maine for zero-interest student loans and loan consolidation or refinancing interest rate reductions for certain Maine residents who agree to live and work in Maine for at least 5 years.

MaineHealth believes this legislation is an important first step in addressing the growing health care worker shortage in Maine and encouraged the Legislature



Emily Follo, a fourth year medical student in the Maine Track Program, testifies before the Joint Standing Committee on Appropriations and Financial Affairs in support of LD 1834, the Governor’s student loan debt relief legislation.

to also consider student loan debt relief for physicians who learn out of state, but choose to practice in Maine. The Joint Standing Committee on Appropriations and Financial Affairs did not take action on bond initiatives prior to the Legislature adjourning Sine Die, and the legislation remains alive should the Legislature reconvene.

In March 2018, [Dr. Jo Ellen Linder](#), Director of Student Affairs at Maine Medical Center, and [Nicholas Knowland](#), Fourth Year Medical Student in the Maine Track Tufts Program, submitted written testimony in support of this legislation. Emily Follo, Fourth Year Medical Student in the Maine Track Tufts Program, [testified in support](#) of this legislation before the Joint Standing Committee on Appropriations and Financial Affairs.

[LD 1857, An Act to Implement the Recommendations of the Commission to Streamline Veterans' Licensing and Certification Regarding Licensed Practical Nurses](#)
(Rep. Ryan Fecteau)

MaineHealth Position: Support

Fiscal Note: \$850,000 (General Fund, Fiscal Year 2018)

LD 1857, “An Act to Implement the Recommendations of the Commission to Streamline Veterans’ Licensing and Certification Regarding Licensed Practical Nurses,” would provide an opportunity for eligible veterans to sit for the Licensed Practical Nurse exam. Additionally, it encourages a community college bridge program to fill-in the gaps in knowledge not obtained in the military, such as pediatrics, obstetrics, or geriatric care. It also includes \$650,000 in funding for simulation labs and additional faculty at community colleges. The bill is currently on the Special Appropriations Table awaiting action by the Joint Standing Committee on Appropriations and Financial Affairs.

In March 2018, Cindy Wade, Executive VP & COO of LincolnHealth, submitted written [testimony in support](#) of this legislation to the Joint Standing Committee on Labor, Commerce, Research and Economic Development.

[LD 1868, Resolve, to Increase Funding for Evidence-based Therapies for Treating Emotional and Behavioral Problems in Children](#)

(Rep. Colleen Madigan)

MaineHealth Position: Support

Fiscal Note: \$262,306 (General Fund, Fiscal Year 2018)

LD 1868, “Resolve, to Increase Funding for Evidence-based Therapies for Treating Emotional and Behavioral Problems in Children,” would provide a temporary 20 percent 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



MBH President and CEO, Steve Merz, speaks to legislators about key legislative priorities.

placements, such as juvenile detention facilities or residential treatment programs. The bill also calls for a rate study to determine an appropriate case rate increase for these services.

Maine Behavioral Healthcare (MBH) loses 31 cents of every dollar earned in MST. There is no other program at MBH that loses more money than MST. Because of this, over the past four years, MBH has been forced to reduce its MST teams from three teams to half of one team to mitigate the ongoing operating losses they have sustained in this program. Further cuts will be considered without action by the Legislature. The bill is currently on the Special Appropriations Table awaiting action by the Joint Standing Committee on Appropriations and Financial Affairs.

In March 2018, Michael Abbatiello, Senior Vice President of Operations and Finance at Maine Behavioral Healthcare, submitted written [testimony in support](#) of this legislation to the Joint Standing Committee on Health and Human Services.

[LD 1889, An Act To Increase Safety for Maine Citizens by Amending the Definition of "Likelihood of Serious Harm" in the Laws Governing Mental Health and Hospitalization To Include Consideration of a Person's Potential for Future Serious Harm](#)

(Rep. Richard Malaby)

MaineHealth Position: Qualified Support

LD 1889, “An Act To Increase Safety for Maine Citizens by Amending the Definition of "Likelihood of Serious Harm" in the Laws Governing Mental Health and Hospitalization To Include Consideration of a Person's Potential for Future Serious Harm,” commissions a study to explore appropriate methods to identify individuals who pose a significant risk of serious bodily injury or death to themselves or to others and to intervene to diminish the risk without unnecessarily infringing on the civil liberties of those identified individuals. MaineHealth, in partnership with the Maine Medical Association, was successful in ensuring that a forensic psychiatrist will serve on the Commission. While the Joint Standing Committee on Judiciary reported the bill out of Committee, the Legislature did not take action prior to adjourning Sine Die, and the legislation remains alive should the Legislature reconvene.

In April 2018, Sarah Calder, Director of Government Affairs at MaineHealth, [testified in qualified support](#) of this legislation before the Joint Standing Committee on Judiciary.

[LD 1911, An Act to Improve Access to Services for Adults with Serious and Persistent Mental Illness](#)

(Rep. Richard Malaby – Governor’s Bill)

MaineHealth Position: Oppose

Introduced by Governor Paul LePage on the last day of the Short Session, LD 1911, “An Act to Improve Access to Services for Adults with Serious and Persistent Mental Illness,” 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. It is the understanding of MaineHealth that this bill 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, Attorney General Janet Mills, and

the AMHI Consent Decree court master, former Chief Justice Daniel Wathen, appeared to support this legislation.

MaineHealth, the Maine Hospital Association, and EMHS had significant concerns with LD 1911, which codifies in state law a process for patients to sue providers and would add unnecessary expense in the healthcare system with increased threats of lawsuits and the associated legal costs. The bill was not referred to committee prior to the Legislature adjourning Sine Die, but the legislation remains alive should the Legislature reconvene.

For questions related to this report, please contact:

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