



The 2018 Special Session Report provides an update of the key health care bills addressed during the Legislature’s Special Session this summer that are relevant to MaineHealth and its members. During the Special Session, the Government Affairs Team advanced many critical initiatives, including funds to support opioid use disorder treatment, and increases to Medicaid rates for outpatient psychiatry and home health services.

## **EXECUTIVE SUMMARY**

After failing to extend the Legislative Session past Statutory Adjournment, the Legislature remained at an impasse for nearly two months before finally agreeing to reconvene for a Special Session on June 19, 2018 to address the over 130 bills that remained on the Appropriations Table and other key issues that it failed to address before adjourning in April.

The Special Session, while certainly less dramatic than the Regular Session, has not been without its own political gridlock. The Legislature remains in Session as legislative leaders continue to negotiate an agreement on tax conformity and a fix to a legislative drafting error which is preventing the full distribution of funds to Clean Election candidates. Medicaid expansion also remains unresolved after the Legislature failed to override the Governor’s veto. It is unclear if or when an agreement will be reached on these remaining issues.

The Government Affairs Team would again like to thank you for the assistance you provided in reaching out to share MaineHealth’s concerns with legislators during this unprecedented Session. Your involvement was a critical factor in our success.

*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 – which has yet to be determined. 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 Special Session has not formally adjourned.** Unless specifically noted below the effective date for all legislation passed into law **will be 90 days after the Special Session has ended.** An update will be provided in the *Word from Government Affairs* when the Special Session ends.

## PUBLIC LAWS

### [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, [Public Law, Chapter 454](#) 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.



Carol Rivest, MaineHealth Care at Home, shares with Rep. Christopher Babbidge the many challenges facing home health providers.

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

**MaineHealth Position: Support**

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

[Resolve, Chapter 61](#) directs the Department of Health and Human Services to increase reimbursement rates for home health services under MaineCare Section 40 to 70% of the Medicare rate. It is important to note that rates have not been increased in two decades.

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.

**[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**

[Public Law, Chapter 461](#) allows 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 to meet the needs of patients who require a higher level of care, but do not require inpatient hospitalization.

**[LD 1287, An Act To Strengthen Efforts To Recruit and Retain Primary Care Professionals and Dentists in Rural and Underserved Areas of the State](#)**

**(Sen. Troy Jackson)**

**MaineHealth Position: Support**

**Fiscal Note: \$47,040 (General Fund, Fiscal Year 2018)**

[Public Law, Chapter 435](#) increases the number of primary care professionals who practice in underserved areas who may be certified for the primary care access credit and allows the credit for primary care professionals to remain in effect beyond January 1, 2019.

**[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)**

Included in the bipartisan spending package approved by the Legislature, [Public Law, Chapter 460](#) defines a hub-and-spoke model for treatment of substance use disorder and provides \$6.7 million to support treatment for uninsured patients and education and training for hubs and spokes. The language included in the spending package was introduced on behalf of MaineHealth and EMHS.

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 LD1430 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**

[Public Law, Chapter 452](#) updates the existing medical marijuana law. The most notable change 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.

**[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)**

[Public Law, Chapter 464](#) appropriates \$75,000 for needle exchange programs. 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 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**

[Public Law, Chapter 442](#) fixes a previous rule change by the Department of Health and Human Services (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.

**[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)**

Included in the bipartisan spending package approved by the Legislature, [Public Law, Chapter 460](#) provides 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. It is important to note that rates had not been increased in almost a decade.

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. 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 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)**

Included in the bipartisan spending package approved by the Legislature, [Public Law, Chapter 460](#) provides 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 placements, such as juvenile detention facilities or residential treatment programs. The legislation 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. The rate increase included in Chapter 460 will allow MBH to maintain its MST program.

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.



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



## PENDING LEGISLATION

*\*The following legislation is pending action by the Legislature, but we anticipate that these bills will likely die upon adjournment.*

### [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 bill is currently on the Special Appropriations Table awaiting action by the Joint Standing Committee on Appropriations and Financial Affairs.

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 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 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 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 to also consider student loan debt relief for physicians who learn out of state, but choose to practice in Maine. The bill is currently on the Special Appropriations Table awaiting action by the Joint Standing Committee on Appropriations and Financial Affairs.



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.

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 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.

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 has not been referred to committee prior.



## DEFEATED LEGISLATION

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

(Rep. Patricia Hymanson)

**MaineHealth Position: Support**

**Fiscal Note: Current biennium cost increase**

With no funding appropriated, LD 105 was not able to secure the necessary votes in the Maine House of Representatives to override Governor Paul LePage's veto. The bill would have created 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.

### [LD 837, An Act to Provide Supplemental Appropriations and Allocations for the Operations of State Government](#) – DEAD

(Rep. Erik Jorgensen)

**MaineHealth Position: Support**

**Fiscal Note: \$31,159,210 (General Fund, Fiscal Year 2018)**

Despite a funding compromise, Medicaid expansion did not receive the votes needed to override Governor Paul LePage's veto. The compromise reached provided that \$31 million from the revenue surplus (General Fund) would be used for the implementation of Medicaid expansion. If additional funds were needed, (the Office of Program and Fiscal Review estimates the cost to be approximately \$54 million) a transfer could be requested of up to \$23.54 million from the unallocated balance of the Fund for a Healthy Maine – the one-time tobacco settlement funds Attorney General Janet Mills identified as a potential funding source in April.

As of this writing, the issue remains a topic of conversation in Augusta and the Governor has proposed publically, but not with legislation, that hospitals should pay for the expansion of Medicaid. Additionally, Medicaid expansion continues to play out in the courts with the Maine Supreme Court granting the LePage administration's Motion to Stay until oral arguments were heard on July 18.

The Administration appealed the recent Maine Superior Court judge's ruling that the Administration must begin the process to expand Medicaid and submit a State Plan Amendment to the U.S. Centers for Medicare & Medicaid Services (CMS) by June 11, 2018. The Department of Health and Human Services Commissioner Ricker Hamilton claimed the judge's order violates the Maine Constitution's separation of powers and it misreads the voter-approved Medicaid expansion law and the Maine Constitution.

Medicaid expansion advocates, including Maine Equal Justice Partners, sued the LePage administration after it missed the April 3 deadline to file its Medicaid expansion implementation plan to CMS. The Administration argued that it could not move forward with implementing expanded Medicaid eligibility without the Legislature appropriating funding.

The Government Affairs Team will continue to monitor the situation and keep the membership apprised of changes in the status of Medicaid expansion.

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

**(Rep. Ryan Fecteau)**

**MaineHealth Position: Support**

Even with an amendment that included a stronger exemption for clergy and other religious leaders, the Maine House of Representatives failed to override the Governor’s veto of LD 912, An Act to Clarify the Scope and Practice of Certain Licensed Professionals Regarding Conversion Therapy. This legislation would have prohibited various licensed professionals, including psychologists, from administering conversion therapy to individuals under 18 years of age.

Opponents argued that the bill attempted to regulate licensed professionals who already have a scope of practice and standard of care as defined by the Office of Professional and Occupational Regulation and its licensing boards.

Conversion therapy has been condemned by ever 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.

Brandy Brown, Coordinator of the Gender Clinic at The Barbara Bush Children’s Hospital at Maine Medical Center, joined the Maine Medical Association in providing testimony in support of LD 912.

**LD 1711, Resolve, to Save Lives by Establishing a Homeless Opioid Users Service Engagement Pilot Project within the Department of Health and Human Services – DEAD**

**(Rep. Drew Gattine)**

**MaineHealth Position: Support**

**Fiscal Note: \$1,042,048 (General Fund, Fiscal Year 2018)**

The Maine House of Representatives voted to sustain the Governor’s veto of LD 1711, “Resolve, to Save Lives by Establishing a Homeless Opioid Users Service Engagement Pilot Project within the Department of Health and Human Services,” despite an amendment that cut the fiscal note in half.

An initiative of Preble Street in Portland, LD 1711 would have established 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.

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 1857, An Act to Implement the Recommendations of the Commission to Streamline Veterans' Licensing and Certification Regarding Licensed Practical Nurses](#) – DEAD**

**(Rep. Ryan Fecteau)**

**MaineHealth Position: Support**

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

The Maine House of Representatives failed to override the Governor's veto of LD 1857, "An Act to Implement the Recommendations of the Commission to Streamline Veterans' Licensing and Certification Regarding Licensed Practical Nurses," which would have provided an opportunity for eligible veterans to sit for the Licensed Practical Nurse exam after completing a community college bridge program to fill-in the gaps in knowledge not obtained in the military, such as pediatrics, obstetrics, or geriatric care. Additionally, it included \$650,000 in funding for simulation labs and additional faculty at community colleges.

Shortly after the House sustained his veto, the Governor introduced his own version of the bill, LD 1917, "An Act to Employ Veterans in Health Care to Meet Workforce Needs." LD 1917 would allow an honorably discharged veteran to sit for the Licensed Practical Nurse exam if they: (1) served on active duty in the medical corps of any branch of the military; (2) spent a total of at least twelve months rendering bedside patient care; and (3) completed the basic course of instruction in nursing required by the military. An amendment added in the Senate provides \$650,000 in funding for simulation labs and additional faculty at community colleges. The legislation is currently pending.

In March 2018, Cindy Wade, Executive VP & COO of LincolnHealth, submitted written [testimony in support](#) of LD 1857 to the Joint Standing Committee on Labor, Commerce, Research and Economic Development.

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