



Executive Summary

The 2025 End of Session Report provides an overview of the key bills that MaineHealth Government Affairs tracked and worked on during the First Regular Session and First Special Session of the 132nd Maine Legislature. Since the Legislature convened in January, we have tracked, analyzed, and weighed in on more than 250 bills and amendments, including testifying on more than 70.

MaineHealth Government Affairs compiled the following overview of key bills addressed in both sessions that are relevant to MaineHealth and its local communities, including those that were part of MaineHealth's proactive legislative agenda. **Importantly, MaineHealth Government Affairs will work with appropriate programs and care team members to implement legislation passed in both sessions.**

MaineHealth's proactive legislative agenda is developed through a [formal process](#) and is informed by care team member feedback. MaineHealth's four internal advocacy committees approved the following items for MaineHealth's proactive legislative agenda for the First Session of the 132nd Legislature:

- Support recommendations of the LD 2009 Stakeholder Group to rebuild the children's behavioral health system
- Protect the 340B Drug Pricing Program
- Expand the health care workforce in rural areas
- Other priorities:
 - Address prior authorization challenges experienced by providers and patients
 - Increase funding for the Northern New England Poison Center
 - Expand healthcare worker violence protections
 - Address the need to offer pay differentials at rural hospitals
 - Clarify that gender identity data collection is limited to adults
 - Eliminate miscarriage reporting requirements

MaineHealth Government Affairs looks to the expertise of our care team members, including MaineHealth's internal advocacy committees, to shape our position and strategy on proposed legislation, and determine the appropriate care team members to testify on

behalf of the organization. As a reminder, MaineHealth has a [system-wide policy](#) on interacting with government officials.

Unless specifically noted below the effective date for all legislation passed into law during the First Regular Session is June 25, 2025. Laws passed during the First Regular Session are denoted by an asterisk*. Bills passed during the First Special Session become effective September 24, 2025, unless otherwise specified. Importantly, the Governor did not act on over 60 bills passed by the Legislature and, therefore, they are not yet law. When the Legislature returns for at least 3 days, she can veto or let a bill become law without her signature.

MaineHealth Government Affairs would like to thank those of you who analyzed legislation, testified, and reached out to share MaineHealth's concerns with legislators. Your involvement was instrumental in our success, and our efforts to achieve our vision of "working together so our communities are the healthiest in America."

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Public Laws

Laws Related to Health Care Payment and Operations

Overview of the Biennial Budget (Part 1 and 2)

After failing to garner 2/3 support to pass an emergency Supplemental Budget that closed a \$118 million Medicaid shortfall, Democrats moved forward with a majority, baseline Biennial Budget and adjourned sine die (“without day”) on March 21 so that it would take effect by the start of the fiscal year (July 1). As a result, Medicaid payments to hospitals were reduced for over two months.

The Legislature immediately returned for a Special Session so that its remaining work, including a “Part 2” Biennial Budget, could resume. For the first time in nearly a decade, the Administration and Legislature faced a significant (\$450 million) structural gap between State revenues and projected appropriation requirements.

The Governor proposed to close that gap through a combination of new revenues, including an increase to the tobacco tax, and cuts to programs. Among the proposed cuts were several that were problematic, including a phased in approach (over 5 years) to reduce Medicaid reimbursements for hospital-based physician services from approximately 170% of Medicare to 109% starting in Fiscal Year (FY) 2027, and a freeze to Cost-of-Living Adjustment (COLA) payments. MaineHealth estimated that the cut to hospital-based physician services would result in a nearly \$85 million reduction in payments over the 5-year period identified, and an ongoing \$28 million reduction thereafter. The suspension of COLA payments would have resulted in a loss of at least \$625,000 annually.

Thanks in part to the advocacy efforts of MaineHealth and our Board Advocacy Committee, the Democrats advanced a “Part 2” Biennial Budget that delayed the Governor’s proposed cuts to Medicaid reimbursements for hospital-based physician services to FY 2028 (outside of this biennium). In FY 2028, it reduces the payment to 160% of Medicare reimbursement. The Budget also:

- Protects the 340B Drug Pricing Program by prohibiting pharmaceutical manufacturers from restricting safety-net providers access to 340B savings.
- Fully funds the Medicaid gap.
- Includes a 1% COLA for certain Medicaid sections, including hospital, behavioral health, and long-term care services.
- Eliminates a proposed ambulance and pharmacy assessment, that would have been similar to the Hospital Tax.
- Eliminates a proposed hospital bed tax to fund the state’s health information exchange, HealthInfoNet.
- Raises the tobacco tax by \$1.50.

The Governor signed the Budget into [law](#), and most provisions will take effect on September 24, 2025.

The First Special Session concluded on June 25, and the Legislature is not scheduled to return until the start of the Second Session on January 7, 2026, although it could return in the fall for another Special Session to address any immediate impacts of Reconciliation or other Congressional action.

Health Coverage, Insurance and Financial Services Committee

LD 163, “An Act to Require Health Insurance Coverage for Federally Approved Nonprescription Oral Hormonal Contraceptives and Nonprescription Emergency Contraceptives”

(Rep. Poppy Arford)

MaineHealth Position: Did Not Testify

[Public Law, Chapter 445](#) mandates that health insurance carriers regulated by the State of Maine provide coverage for nonprescription oral hormonal contraceptives and emergency contraceptives approved by the federal Food and Drug Administration.

LD 178, “An Act Regarding Coverage for Step Therapy for Advanced Metastatic Cancer”

(Rep. Kristi Mathieson)

MaineHealth Position: Did Not Testify

[Public Law, Chapter 448](#) prohibits a health insurance carrier regulated by the State of Maine from requiring step therapy to receive coverage of prescription drug approved by the federal Food and Drug Administration for the treatment of metastatic cancer and associated conditions.

LD 180, “An Act Regarding Reimbursements by Health Insurance Carriers or Pharmacy Benefits Managers to Pharmacies”

(Rep. Kristi Mathieson)

MaineHealth Position: Did Not Testify

[Public Law, Chapter 335](#) prohibits a health insurance carrier regulated by the State of Maine from reimbursing a pharmacy for a prescription drug or service at a lower rate than it reimburses a pharmacy affiliated with the carrier for the same prescription drug or service.

LD 239, “An Act to Allow Retail Pharmacies to Operate Remote Dispensing Sites in Rural Areas”

(Sen. Brad Farrin)

MaineHealth Position: Supported

[Public Law, Chapter 136](#) authorizes a remote dispensing site as a new category of license for a pharmacy and directs the Maine Board of Pharmacy to adopt rules no later than June 30, 2026 to develop criteria for such a license.

Sarah Calder submitted [written testimony](#) in support of remote dispensing by pharmacies as a means to increase access to both medications and pharmacists in rural communities.

LD 538, “An Act to Amend Maine's Prescription Drug Labeling Law by Allowing the Removal of the Name of a Prescriber of Mifepristone, Misoprostol and Their Generic Alternatives”

(Rep. Sally Cluchey)

MaineHealth Position: Did Not Testify

[Public Law, Chapter 142](#) allows a practitioner to request that their name on a prescription label for mifepristone, misoprostol and their generic alternatives be replaced with that of the health care facility that the practitioner is associated with. It is at the discretion of the pharmacy to comply with the request.

LD 558, “An Act to Strengthen Consumer Protections by Prohibiting the Report of Medical Debt on Consumer Reports”

(Sen. Donna Bailey)

MaineHealth Position: Opposed

[Public Law, Chapter 201](#) prohibits a consumer reporting agency from reporting medical debt on a consumer report, and also prohibits a health care provider, debt collector, and debt buyer from reporting a consumer’s medical debt to a consumer reporting agency. The Committee killed similar legislation, [LD 902](#) and LD 1030.

MaineHealth submitted [written testimony](#) in opposition to the legislation and shared that the legislation was well intentioned, but ignores the reality that the cause of medical debt for Mainers is often inadequate commercial insurance coverage, which frequently comes in the form of high-deductible plans. Health insurers take no risk with these policies if the consumer cannot pay their deductibles, as they have already been paid their premium by plan sponsors or consumers. Instead, hospitals assume the financial risk, providing care to patients without a guarantee of payment. Instead of addressing the underlying costs of health care and supporting a system that meets the needs of all patients, the legislation

ties the hands of the one side of the equation that provides care to all regardless of ability to pay.

LD 899, “An Act to Strengthen the Requirements for Medical Payments Coverage”

(Sen. Donna Bailey – Department of Professional and Financial Regulation-Sponsored Legislation)

MaineHealth Position: Did Not Testify

[Public Law, Chapter 102](#) requires the assignment of medical payments coverage to be in writing on a form prescribed or approved by the Bureau of Insurance.

LD 917, “An Act Regarding Charges to Uninsured Patients for COVID-19 Vaccines”

(Rep. Josh Morris)

MaineHealth Position: Did Not Testify

[Public Law, Chapter 55](#) became law without the Governor’s signature and repeals the law that prohibited health care providers from charging uninsured patients for administering a COVID-19 vaccines.

LD 985, “An Act to Impose a Moratorium on the Ownership or Operation of Hospitals in the State by Private Equity Companies or Real Estate Investment Trusts”

(Sen. Mike Tipping)

MaineHealth Position: Neither for Nor Against

[Public Law, Chapter 401](#) became law without the Governor’s signature and places a moratorium on the ownership or operation of hospitals by private equity companies and real estate investment trusts. The law repeals the moratorium on June 15, 2026. The transaction between Central Maine Medical Center and Prime Healthcare was excluded from the law.

Sarah Calder testified Neither for Nor Against and shared that the bill should be expanded to include medical practices to protect those physician practices that remain independent from succumbing to the allure of private equity – and its short-term profitability goals – as well. The Committee did not move forward with this recommendation.

LD 1018, “An Act to Protect Health Care for Rural and Underserved Areas by Prohibiting Discrimination by Participants in a Federal Drug Discount Program”

(Sen. Donna Bailey)

MaineHealth Position: Strongly Supported

LD 1018 was included in the Biennial Budget ([Public Law, Chapter 388](#)) and protects the 340B Drug Pricing Program by prohibiting pharmaceutical manufacturers from restricting safety-net providers access to 340B savings.

Brian Marden, Chief Pharmacy Officer at MaineHealth, [testified](#) in strong support of the legislation and shared that due to the restrictions of pharmaceutical manufacturers, MaineHealth experienced a nearly \$39 million reduction in 340B savings last year. 340B savings allow MaineHealth to work towards achieving its vision of “working together so our communities are the healthiest in America.”

LD 1578, “Resolve, to Establish the Commission to Evaluate the Scope of Regulatory Review and Oversight over Health Care Transactions That Impact the Delivery of Health Care Services in the State”

(Rep. Jan Dodge)

**MaineHealth Position: Opposed as Originally Drafted
(Emergency – Signed July 1, 2025)**

[Resolve, Chapter 106](#) forms the Commission to Evaluate the Scope of Regulatory Review and Oversight of Health Care Transactions that Impact the Delivery of Health Care Services in the State. The Resolve directs the Commission to evaluate:

- 1) Potential changes to Maine’s Certificate of Need (CON) laws, including expanding the scope to review the termination or disruption of health care services
- 2) Potential legislative changes to require regulatory review and oversight of substantial health care transactions, including transfers of ownership or control
- 3) The role of a private equity company or real estate investment trust taking direct or indirect interest or control of a hospital.

Sarah Calder [testified](#) in opposition to the legislation as originally drafted, which would have extended the CON review period indefinitely if there is a significant disruption or removal of a health care service. Closures are often based on several reasons, like workforce challenges, inadequate reimbursement rates, and low birth volumes. Changing the CON process will not result in different outcomes as the CON process cannot hire more providers, increase the number of births in a community, or address the myriad of issues that cause changes to services.

LD 1785, “An Act to Require Health Insurance Carriers to Provide Contact Information for Employees Responsible for Negotiating Health Care Provider Contracts”

(Rep. Michelle Boyer)

MaineHealth Position: Did Not Testify

[Public Law, Chapter 295](#) requires a health insurance carrier regulated by the State of Maine to provide the contact information of the carrier’s employee responsible for negotiating contract terms, including the fee schedule, upon the request of the provider.

LD 1906, “An Act to Improve Accountability and Understanding of Data in Insurance Transactions”

(Sen. Donna Bailey)

MaineHealth Position: Did Not Testify

[Public Law, Chapter 487](#) allows a plan sponsor to request data on certain claims from its administrator or pharmacy benefits manager, including claims that exceed \$100,000, to ensure compliance with the plan sponsor’s contract. It also allows a plan sponsor to perform a post-payment audit of all claims paid to ensure compliance at least once a year.

Health and Human Services Committee

LD 84, “An Act to Improve the Coordination of Health Care for Minors in State Care”

(Rep. Anne Graham – Department of Health and Human Services-Sponsored Legislation)

MaineHealth Position: Opposed as Originally Drafted

[Public Law, Chapter 332](#) allows the Office of Child and Family Services to request the medical records of a child in the Department’s custody for the purpose of coordinating the child’s health care from the child’s health care provider and through HealthInfoNet, the statewide health information exchange.

Northern Light Health [testified](#) on behalf of MaineHealth in opposition to the legislation as it provides the State unlimited and unchecked access to health care information for children in State custody.

LD 764, “An Act to Improve the Efficiency of Certain Department of Health and Human Services Licensing Investigations”

(Rep. Michele Meyer – Department of Health and Human Services-Sponsored Legislation)

MaineHealth Position: Did Not Testify

[Public Law, Chapter 236](#) provides the Department of Health and Human Services subpoena power to obtain records and testimony relevant to a licensure investigation.

LD 865, “An Act to Require MaineCare to Reimburse for Lactation Services in the Homes of Eligible Persons”

(Rep. Michelle Boyer)

MaineHealth Position: Did Not Testify

[Public Law, Chapter 468](#) requires Medicaid reimbursement for lactation services provided in a hospital, clinic, office, community or in the home of a child.

LD 1406, “An Act to Amend Certain Definitions in the Child and Family Services and Child Protection Act”

(Rep. Michele Meyer)

MaineHealth Position: Did Not Testify

(Emergency – Signed June 10, 2025)

[Public Law, Chapter 240](#) changes the definition of “abuse and neglect” in the Child and Family Services and Child Protection Act by clarifying that abuse or neglect includes deprivation of essential needs when the person is financially able to provide those needs.

LD 1523, “Resolve, to Develop MaineCare Coverage for Doula Services”

(Rep. Deqa Dhalac)

MaineHealth Position: Did Not Testify

[Resolve, Chapter 89](#) became law without the Governor’s signature and directs Medicaid to initiate a rate determination process for the provision of doula services. It also requires the Department of Health and Human Services to establish a statewide doula council to provide advice on the scope of doula services that could be eligible for reimbursement and appropriate credentials for doulas. The Department is required to submit a report to the Health and Human Services Committee by February 1, 2027, with the Department’s progress on developing a reimbursement rate.

LD 1937, “An Act to Require Hospitals and Hospital-affiliated Providers to Provide Financial Assistance Programs for Medical Care”

(Sen. Rachel Talbot Ross)

MaineHealth Position: Did Not Testify

[Public Law, Chapter 488](#) completely overhauls Maine’s hospital financial assistance policies, and expands free care eligibility from 150% of the Federal Poverty Level (FPL) to patients with incomes less than 200% of the FPL (MaineHealth’s policy is already at 200% FPL). In addition, it makes significant changes to the free care application process, sets a 4% cap on payment plans for patients below 400% FPL, and requires hospitals to provide an online option to submit a charity care application by July 1, 2028.

LD 1945, “An Act to Clarify Data Collection Processes in Health Care Facilities”

(Rep. Ambureen Rana)

MaineHealth Position: Supported; Did Not Testify

[Public Law, Chapter 255](#) clarifies that the gender identity information required to be collected by health care facilities is limited to an individual who is 19 years old and older.

Labor Committee

LD 894, “An Act to Amend the Laws Governing Paid Family and Medical Leave”

(Senate President Mattie Daughtry)

MaineHealth Position: Did Not Testify

[Public Law, Chapter 277](#) makes minor changes to the Paid Family Medical Leave law, including clarifying that intermittent leave of an employee of less than one work day may not be taken unless it is agreed to by the employee and employer. The Legislature failed to pass bill supported by MaineHealth that would have returned to employers and employees in private plans the money for the first quarter of collections.

Judiciary Committee

LD 983, “An Act Regarding Service of Notice of Restricted Person Status to Hospitalized Patients”

(Sen. Anne Carney)

MaineHealth Position: Supported

[Public Law, Chapter 104](#) clarifies that a law enforcement agency may request that a hospital provide access to a patient for the purpose of notifying the patient that they are a restricted person.

Jim Bailinson, Corporate Counsel at MaineHealth, [testified](#) in support and shared that the legislation would confirm that patient rights are not violated by allowing service of the court orders in these circumstances and will remove a level of confusion over this process.

LD 966, “An Act Allowing Access by State Agencies and Hospitals to Certain Confidential Probate Court Records If the Access Is in the Public Interest”

(Rep. Amy Kuhn)

MaineHealth Position: Supported

(Emergency – signed April 1, 2025)

[Public Law, Chapter 18](#) permanently allows a hospital to access and review a probate court record related to minor and adult guardianship proceedings to carry out an official function, duty or responsibility in the public interest.

Sarah Calder [testified](#) in support of the legislation and shared that limiting hospitals access to this information prevents hospitals from determining if a patient has the legal authority to act as their own decision maker, including regarding their discharge.

Environment and Natural Resources Committee

LD 1065, “An Act Regarding the Reduction and Recycling of Food Waste”

(Sen. Stacy Brenner)

MaineHealth Position: Did Not Testify

[Public Law, Chapter 419](#) became law without the Governor’s signature. Beginning July 1, 2030, the law prohibits an entity that generates an annual average of 2 or more tons per week of food waste and is located within 20 miles of an organics recycler with capacity from disposing of its food waste at an incineration facility or solid waste landfill. In 2032, it includes entities that generate an average of 1 or more tons per week. In 2035, the threshold is determined by the Department of Environmental Protection through rulemaking.

Taxation Committee

LD 1770, “Resolve, to Establish the Real Estate Property Tax Relief Task Force”

(Senate President Mattie Daughtry)

MaineHealth Position: Did Not Testify

(Emergency – Signed July 1, 2025)

[Resolve, Chapter 108](#) establishes the Real Estate Property Tax Relief Task Force and charges the Task Force with determining the source of the problems with the current system of property taxation. Of note, the Task Force is responsible for determining the effect of nontaxable property within a municipality. The Task Force is required to submit an interim report to the Taxation Committee by January 15, 2026 and a final report by December 15, 2026.

Energy, Utilities and Technology Committee

LD 1777, “An Act to Reduce Costs and Increase Customer Protections for the State's Net Energy Billing Programs”

(Rep. Sophie Warren)

MaineHealth Position: Opposed

[Public Law, Chapter 430](#) makes several changes to the Maine Net Energy Billing (NEB) program of which MaineHealth participates. **MaineHealth estimates that the changes included in the law will reduce MaineHealth’s savings in the program by \$400,000 next year alone.**

The Legislature considered several bills related to the NEB program and MaineHealth submitted a [statement](#) in opposition to the repeal of existing NEB projects.

Laws Related to Workforce

Health Coverage, Insurance and Financial Services Committee

LD 90, “Resolve, Regarding Legislative Review of Chapter 6: Delegation of Nursing Activities and Tasks to Unlicensed Assistive Personnel by Registered Professional Nurses, a Major Substantive Rule of the Department of Professional and Financial Regulation, State Board of Nursing”

(Rep. Kristi Mathieson – Department of Professional and Financial Regulation, State Board of Nursing-Sponsored Legislation)

MaineHealth Position: Supported as Originally Drafted

[Resolve, Chapter 21](#) became law without the Governor’s signature and provides that the final adoption of the rule related to nurse delegation is not authorized. As a result, the Board of Nursing will need to go through the rulemaking process again. The Committee directed the Board to include in the revised rule the authority of a nurse to exercise professional judgment and refuse to delegate specific nursing activities and tasks in any care setting.

For background, the 131st Legislature passed [Public Law, Chapter 592](#), which authorized the delegation of activities and tasks by a nurse to unlicensed personnel but preserved the authority of a nurse to exercise professional judgment and refuse to delegate specific nursing activities and tasks in any care setting. This language was not explicitly included in the rule adopted by the Board.

Sarah Calder [testified](#) in support of implementing the rule approved by the Board and shared that it was an important step in bringing Maine into alignment with national standards of care and supporting our nursing workforce.

LD 238, “An Act to Protect Emergency Medical Services Persons' Right to Work in Multiple Health Care Settings”

(Sen. Brad Farrin)

MaineHealth Position: Did Not Testify

[Public Law, Chapter 70](#) became law without the Governor’s signature and clarifies that a licensed emergency medical services (EMS) person acting under the delegated authority of a physician or physician assistant may not be governed by their EMS license and alternatively, when a licensed EMS person is acting under their EMS license, they may not be governed by delegated authority or engage in delegated activities.

Education and Cultural Affairs Committee

LD 651, “An Act to Codify the Maine Health Care Provider Loan Repayment Pilot Program”

(Rep. Kelly Noonan Murphy)

MaineHealth Position: Supported

[Public Law, Chapter 180](#) became law without the Governor’s signature and creates the Maine Health Care Provider Loan Repayment Program within the Finance Authority of Maine. Under the Program, FAME can pay up to \$25,000 per year and, in aggregate, the lesser of \$75,000 and 50% of the recipient’s outstanding student loan balance for certain health care professionals who commit to living and working in Maine for at least 3 years. Very importantly, the Legislature did not appropriate funding to the Program to make such payments. The law simply establishes the Program.

Sarah Calder [testified](#) in support of the legislation to address Maine’s growing health care workforce needs.

Labor Committee

LD 598, “An Act to Require Minimum Pay for Reporting to Work”

(Sen. Mike Tipping)

MaineHealth Position: Did Not Testify

[Public Law, Chapter 418](#) became law without the Governor’s signature and requires employers that employ at least 10 employees to pay employees two hours of pay at their regular rate or the total pay for the employee’s shift, whichever is less, if an employee reports to work, but the employer cancels or reduces the number of hours in the employee’s scheduled shift.

LD 898, “Resolve, to Support Rural Health Care Workforce Recruitment”

(Sen. Trey Stewart)

MaineHealth Position: Strongly Supported; MaineHealth-Sponsored Legislation

(Emergency – Signed June 9, 2025)

[Resolve, Chapter 50](#) directs the Department of Labor to initiate rulemaking to amend the rules related to Equal Pay to clarify that different entities or facilities operated by a hospital or health care entity at different locations are not considered a single establishment and can provide pay differentials to recruit and retain workers in rural areas.

Katie Fullam Harris [testified](#) in strong support of this legislation and shared that we are unable to offer pay differentials for providers and other key positions in rural areas due to Maine's Equal Pay Law and we are losing qualified candidates as a result.

LD 1117, "An Act to Strengthen Maine's Workforce Through Certified Preapprenticeship Training Programs"

(Rep. Kilton Webb)

MaineHealth Position: Did Not Testify

[Public Law, Chapter 306](#) clarifies that the Maine Apprenticeship Program shall allocate at least 51% of total grant funding to support certified preapprenticeship training programs that have demonstrated successful engagement, enrollment, completion, and placement by individuals from historically marginalized communities. The program must also consistently place individuals in programs that result in a total package value of no less than \$35 per hour upon graduation, and must demonstrate the provision of strong, comprehensive support services. The Department of Labor is required to submit to the Labor Committee a study reviewing certified preapprenticeship training programs and registered apprenticeship programs in Maine and other states by December 3, 2025.

LD 1956, "An Act to Amend the Law Governing the Competitive Skills Scholarship Program and Establish the Community Workforce Connections Program"

(Sen. Peggy Rotundo)

MaineHealth Position: Supported

[Public Law, Chapter 396](#) directs the Department of Labor to implement by January 1, 2026, the Community Workforce Connections Program to offer meaningful peer support and workforce navigation through peer navigators employed by community-based organizations to unemployed and underemployed workers. The Program will be funded by the Competitive Skills Scholarship Fund.

Joe Baty, Workforce Development Manager at MaineHealth, submitted [written testimony](#) in support of the legislation and shared that MaineHealth has had success working with programs that have provided workforce navigation services.

Laws that Legislate Medicine

Health and Human Services Committee

LD 94, “An Act to Eliminate Miscarriage Reporting Requirements”

(Rep. Anne Graham)

MaineHealth Position: Supported; MaineHealth-Sponsored Legislation

[Public Law, Chapter 42](#) eliminates the miscarriage reporting requirements for health care professionals.

Sarah Calder [testified](#) in support of this legislation and shared that the data that is currently being reported to the Department of Health and Human Services is underreported and inaccurate as most miscarriages before 20 weeks occur outside of a medical encounter.

LD 156, “An Act to Improve Notifications Related to Substance-exposed Infants”

(Rep. Michele Meyer – Department of Health and Human Services-Sponsored Legislation)

MaineHealth Position: Opposed as Originally Drafted

[Public Law, Chapter 353](#) amends the substance exposed infant law to clarify that a health care provider involved in the delivery of care to an infant shall notify the Department of Health and Human Services of an infant the provider identifies as having been born affected by substance abuse, having withdrawal symptoms resulting from prenatal drug exposure, or as having fetal alcohol symptom. For each infant the Department is notified of, a “family care plan” (previously referred as a “plan of safe care”) must be developed by the Department with the assistance of the infant’s health care provider.

Sarah Calder [testified](#) in opposition to the legislation as originally drafted and shared that the legislation and the underlying statute that required health care providers to report infants exposed to and affected by any legal substances erodes the provider patient relationship and has the potential to overwhelm the Child Welfare System and bury the true cases of abuse and neglect.

LD 613, “An Act to Amend the Maine Death with Dignity Act to Ensure Access by Qualified Patients”

(Rep. Michele Meyer)

MaineHealth Position: Did Not Testify

[Public Law, Chapter 375](#) clarifies the process for a patient to make oral and written requests under the Maine Death with Dignity Act and updates the waiting period section from 15 days to 7 days if determined by the attending physician that it is in the best interest of the patient.

LD 710, “An Act to Expand Access and Reduce Barriers to Access to Naloxone Hydrochloride and Other Opioid Overdose-reversing Medications”

(Rep. Sam Zager – Department of Health and Human Services-Sponsored Legislation)

MaineHealth Position: Did Not Testify

[Public Law, Chapter 145](#) removes the requirement that a community-based drug overdose prevention program and recovery residence can only distribute naloxone to an individual who has completed training. The law also allows an overdose prevention program to distribute naloxone through a vending machine with the municipality's approval and clarifies the authority of health care professionals to administer naloxone with or without a prescription.

LD 765, “An Act to Amend the Laws Governing the Controlled Substances Prescription Monitoring Program”

(Rep. Michele Meyer – Department of Health and Human Services-Sponsored Legislation)

MaineHealth Position: Opposed

[Public Law, Chapter 37](#) adds veterinarians to the definition of “prescriber” for the purpose of requiring veterinarians to participate in the Prescription Monitoring Program. Additionally, the law removes from the statute the list of information required to be submitted by a dispenser to the Department of Health and Human Services regarding dispensed controlled substances. The information required to be submitted will be determined through rules adopted by the Department.

Sarah Calder [testified](#) in opposition to the legislation and asked that the rulemaking be major substantive, not routine technical, to allow for legislative review. The Committee Analyst confirmed during the Work Session that the rulemaking would be major substantive.

Health Coverage, Insurance and Financial Services Committee

LD 1687, “An Act to Clarify and Increase Access to HIV Prevention Medications”

(Rep. Matt Moonen)

MaineHealth Position: Supported

[Public Law, Chapter 483](#) requires health insurance carriers regulated by the State of Maine to provide coverage without prior authorization or step therapy for HIV prevention drugs, including long-acting injectable medications. It also requires by January 1, 2027, that Medicaid reimburse pharmacists for prescribing, dispensing, and administering HIV prevention drugs.

Tiffany Townsend, Nurse Practitioner and HIV Specialist at the Gilman Clinic at MaineHealth Maine Medical Center – Portland, [testified](#) in support of this legislation and shared that the bill would save lives, prevent morbidity, reduce hospitalizations, and ultimately, save money.

LD 1497, “An Act to Amend the Laws Governing Primary Care Reporting by the Maine Quality Forum and to Establish the Primary Care Advisory Council”

(Rep. Sam Zager)

MaineHealth Position: Supported

[Public Law, Chapter 218](#) establishes the Primary Care Advisory Council and tasks the Council with identifying specific actions required to create a sustainable high-functioning primary care system in the state. The first report is due to the Department of Health and Human Services and the Health Coverage, Insurance and Financial Services Committee by January 15, 2026, and annually thereafter. The law also requires that the Maine Quality Forum report annually beginning January 15, 2026, to the Department of Health and Human Services, the Health and Human Services Committee, and the Health Coverage, Insurance and Financial Services Committee several measures related to the status of primary care in Maine.

Dr. Rob Chamberlin, Vice President of Population Health Management and Primary Care at MaineHealth, submitted [testimony](#) in support of the legislation and shared that the Primary Care Advisory Council could be instrumental in addressing critical issues like workforce shortages, access barriers, and the evolving demands of delivering high-value, patient-centered care.

Laws Related to Public Health

Health and Human Services Committee

LD 93, “An Act to Reduce Cost and Increase Access to Disease Prevention by Expanding the Universal Childhood Immunization Program to Include Adults”

(Rep. Sam Zager – Department of Health and Human Services-Sponsored Legislation)

MaineHealth Position: Supported through the Maine Immunization Coalition

[Public Law, Chapter 440](#) amends the Universal Childhood Immunization Program to include adults.

Caroline Zimmerman, Director of Child and Family Health at MaineHealth, [testified](#) in support of this legislation on behalf of the Maine Immunization Coalition, of which MaineHealth is a member, and shared that a universal purchasing program could enable clinics that struggle to offer adult vaccines due to the expense to offer vaccines at a more manageable cost.

LD 689, “An Act to Support the Northern New England Poison Center”

(Sen. Tim Nangle)

MaineHealth Position: Strongly Supported; MaineHealth-Sponsored Legislation

[Public Law, Chapter 458](#) provides \$50,000 in increased annual funding for the Northern New England Poison Center. The funding from the State of Maine decreased in 2000 and has not increased in the 25 years since then.

Dr. Mark Neavyn, Medical Director for the Northern New England Poison Center, [testified](#) in strong support of this MaineHealth-sponsored legislation, which had requested \$335,000 in annual funding.

Laws Related to Behavioral Health

Health and Human Services Committee

LD 977, “Resolve, Requiring the Maine Health Data Organization to Develop a Plan for Measuring Gaps in Home and Community-based Services”

(Rep. Sally Cluchey)

MaineHealth Position: Did Not Testify

[Public Law, Chapter 113](#) tasks the Maine Health Data Organization with developing a plan for annual measurement of Maine’s home and community-based services care gap using claims and care authorization data. The Maine Health Data Organization must submit a report to the Health and Human Services Committee by January 15, 2026.

Education and Cultural Affairs Committee

LD 1248, “An Act Regarding Physical Escort and Restraint and Seclusion of Students in Schools”

(Rep. Holly Sargent)

MaineHealth Position: Supported

[Public Law, Chapter 266](#) amends the definition of “physical escort” and adds and defines the term “serious physical injury” to the seclusion and restraint statute. It also directs the Department of Education to submit a report to the Education and Cultural Affairs Committee by January 1, 2029, that includes the data on the use of physical restraint and seclusion in schools.

Colleen Foley-Ingersoll, Senior Director of the Developmental Disorders Services at MaineHealth Behavioral Health, [testified](#) in support of the legislation and shared that it will improve safety and support children in maximizing their learning.

Health Coverage, Insurance and Financial Services Committee

LD 1100, “An Act to Clarify the Requirements for Accessing Nonformulary Drugs and Drugs Used to Treat Serious Mental Illness”

(Sen. Donna Bailey – Department of Professional and Financial Regulation-Sponsored Legislation)

MaineHealth Position: Did Not Testify

[Public Law, Chapter 473](#) requires a health insurance carrier, regulated by the State of Maine, to approve a prescribed equivalent nonformulary drug if a drug shortage makes a formulary drug used to treat a serious mental illness unavailable and there is no equivalent formulary drug available.

Laws Related to Long-Term Care

Health and Human Services Committee

LD 960, “Resolve, to Allow the Placement of Hospitalized Patients in Nursing Facilities in Alternative Locations Under Certain Circumstances”

(Rep. Kathy Javner)

MaineHealth Position: Supported

[Resolve, Chapter 62](#) directs the Department of Health and Human Services to update its rules to allow, under certain conditions, the placement of a Medicaid member when the member is being discharged from a hospital to a nursing facility that is greater than 60 miles from the member’s residence.

Sarah Calder [testified](#) in support of the original legislation, which also addressed the issue of emergency guardianship. The Health and Human Services Committee stripped the emergency guardianship provision as well as a requirement that Medicaid process long-term care applications in 30 days from the bill.

LD 979, “Resolve, Regarding Legislative Review of Chapter 113: Assisted Housing Programs Licensing Rule, a Late-filed Major Substantive Rule of the Department of Health and Human Services”

(Rep. Michele Meyer – Department of Health and Human Services-Sponsored Legislation)

**MaineHealth Position: Opposed as Originally Drafted
(Emergency – Signed June 20, 2025)**

[Resolve, Chapter 92](#) authorizes the Department of Health and Human Services to adopt the proposed assisted housing programs rule only if the staffing increases are removed from the proposed rule. It also forms a stakeholder group tasked with examining residential care facility staffing issues. The stakeholder group must submit a preliminary report to the Health and Human Services Committee by January 30, 2026, and a final report by January 2, 2027.

Sarah Calder [testified](#) in opposition to the bill as originally drafted and shared that the increased staffing requirements in the proposed rule would force facilities to close beds – or close altogether – and would further exacerbate the long-term care crisis in Maine.

**Bills Not Acted on by the Governor
(Not Yet Law)**

Health Coverage, Insurance and Financial Services Committee

LD 697, “An Act to Direct the Maine Prescription Drug Affordability Board to Assess Strategies to Reduce Prescription Drug Costs and to Take Steps to Implement Reference-based Pricing”

(Sen. Cameron Reny)

MaineHealth Position: Did Not Testify

The Governor did not take action on legislation that tasks the Maine Prescription Drug Affordability Board with assessing strategies to reduce the cost of prescription drugs, including referenced-based pricing.

Health and Human Services Committee

LD 1677, “An Act to Establish the Alzheimer’s Disease and Related Dementias Prevention and Support Program”

(Rep. Dan Shagoury)

MaineHealth Position: Did Not Testify

The Governor did not take action on legislation that requires the Department of Health and Human Services to implement the Alzheimer’s Disease and Related Dementias Prevention and Support Program.

LD 1745, “An Act to Stabilize Residential Treatment Capacity for Children and Youth in Maine”

(Rep. Lori Gramlich)

MaineHealth Position: Supported

The Governor did not take action on legislation that requires the Department of Health and Human Services to submit annual reports beginning January 1, 2026, to the Health and Human Services Committee with several data points related to children’s behavioral health services, including the number of closures of children’s residential care facilities. The bill also tasks the Department with providing an additional report that includes a gap analysis, among other data points, by December 3, 2025. Additionally, the bill directs the Department to engage with providers to prevent additional closures and to reopen residential treatment beds.

Sarah Calder [testified](#) in support of the legislation and shared that it lays a foundation of data to inform and build a sustainable residential treatment for Maine children.

Defeated Legislation

Bills Related to Health Care Payment and Operations

Health Coverage, Insurance and Financial Services Committee

LD 189, “An Act to Increase Availability and Affordability of Mental Health Care and Substance Use Disorder Services by Removing the Certificate of Need Requirement”

(Rep. Laurel Libby)

MaineHealth Position: Strongly Opposed

The Legislature defeated legislation that would have removed the Certificate of Need (CON) for behavioral health services, including substance use treatment and detoxification services.

Britt Crewse, Southern Region President for MaineHealth, [testified](#) in strong opposition to this legislation and shared that removing the CON will only serve to create a system where for-profit providers create more inpatient beds and ignore the needs of our communities by refusing to serve Medicaid patients and the uninsured, further destabilizing our increasingly fragile behavioral health system.

LD 743, “An Act to Increase the Availability and Affordability of Health Care by Eliminating Certificate of Need Requirements”

(Rep. Laurel Libby)

MaineHealth Position: Strongly Opposed

The Legislature defeated legislation that would have repealed the Certificate of Need law.

Britt Crewse, Southern Region President for MaineHealth, [testified](#) in strong opposition to this legislation and shared that the CON law is necessary to protect the fragile ecosystem of Maine’s health care delivery landscape.

LD 1152, “An Act to Expand the Right to Shop for Health Care Services”

(Rep. Josh Morris)

MaineHealth Position: Opposed

The Health Coverage, Insurance and Financial Services Committee unanimously opposed legislation that would have expanded Maine’s Right to Shop law.

Bill Whitmore, Vice President of Business Transformation for MaineHealth, [testified](#) in opposition to the legislation and shared that the Right to Shop law has proven wholly ineffective in meeting its original goal to improve the affordability of health care for Maine people enrolled in small group health insurance plans.

LD 1512, “An Act to Protect Patients from Health Care Discrimination and Guarantee Access to the Lowest Available Cost for Care”

(Rep. Josh Morris)

MaineHealth Position: Opposed

The Health Coverage, Insurance and Financial Services Committee unanimously opposed legislation that would have, among other things, required health care providers to charge uninsured patients the amount payable by Medicare for the service.

Katie Fullam Harris [testified](#) in opposition to the bill and shared that by limiting the amount that health care providers can bill, this legislation would have the unintended consequence of incentivizing individuals to remain uninsured, as their out of pocket costs could be lower than if they had a high deductible plan. Medicare currently pays just 82 cents of every dollar of cost delivered to MaineHealth’s patients, so by increasing the number of patients who fail to pay the cost of care, this bill would have exacerbated the already very challenging situation in which hospitals and other health care providers find themselves.

LD 1713, “An Act to Prohibit Certain Provisions in Health Care Provider Contracts with Insurance Carriers”

(Sen. Donna Bailey)

MaineHealth Position: Strongly Opposed

The Legislature defeated legislation that would have prohibited contracts between health care providers and health insurance carriers from having all-or-nothing clauses or steering and tiering provisions.

Sarah Calder [testified](#) in strong opposition to the legislation and shared that the bill could jeopardize access to care for our most vulnerable communities by allowing, for example, carriers to not contract with rural hospitals, further destabilizing an already fragile system.

LD 1972, “An Act to Enhance Transparency and Value in Substantial Health Care Transactions by Changing the Review and Approval Process for Those Transactions”

(Rep. Sam Zager)

MaineHealth Position: Strongly Opposed

The Health Coverage, Insurance and Financial Services Committee unanimously opposed legislation sponsored by the Office of Affordable Healthcare that would have created a lengthy, cumbersome, expensive, and highly subjective process for reviewing transactions between health care entities with assets or annual revenues over \$10 million. It also would have duplicated processes overseen by the Federal Trade Commission and the Attorney General, who currently have oversight over such transactions, along with the Department of Health and Human Services.

Sarah Calder [testified](#) in strong opposition to the legislation and shared that it would create a very expensive and burdensome bureaucracy that will only serve to reduce access and increase costs.

Health and Human Services Committee

LD 980, “Resolve, to Create the Commission to Improve the Oversight of the Long-term Care System”

(Sen. Denise Tepler)

MaineHealth Position: Neither for Nor Against

The Health and Human Services Committee unanimously opposed legislation that would have created the Commission to Improve the Oversight of the Long-term Care System to study and make recommendations related to long-term care system.

Sarah Calder [testified](#) Neither For Nor Against the legislation and shared that MaineHealth supports the opportunity to thoughtfully examine ways in which we can create a more effective long-term care system, including improving the laws and rules governing the long-term care industry.

LD 1316, “An Act to Amend the Mandated Reporter Laws Regarding Medical Records, Additional Information and Immunity”

(Sen. Marianne Moore)

MaineHealth Position: Opposed

The Health and Human Services Committee unanimously opposed legislation that would have significantly amended the mandated reporting laws, including the current immunity provisions.

Sarah Calder [testified](#) in opposition to the legislation and shared that the legislation runs counter to the recent direction in law and policy to strengthen the mandated reporting obligations and required regular mandated education on the obligation and erodes the current immunity provisions.

LD 1460, “An Act to Require Parents to Be Informed of Hospitals' Safe Sleep Rules”

(Rep. John Eder)

MaineHealth Position: Opposed

The Legislature defeated legislation that would have required hospitals with a safe sleep policy to have the parent or guardian of a hospitalized infant sign a form acknowledging the policy.

Dr. Meredith Jackson, pediatric and newborn hospitalist at MaineHealth Maine Medical Center – Portland, [testified](#) in opposition to the testimony and shared that requiring patients to sign a policy is shown to alienate patients and that requiring a signature of the safe sleep policy would set a dangerous precedent of requiring patients sign MaineHealth's more than 400 policies and procedures.

LD 1758, “An Act to Expedite Provider Enrollment in MaineCare”

(Rep. Poppy Arford)

MaineHealth Position: Supported

The Health and Human Services Committee unanimously opposed legislation that would have created an expedited process that would allow for the provisional approval of Medicaid enrollment applications from hospitals and other provider entities meeting certain criteria.

Sarah Calder [testified](#) in support of the legislation and shared that it would make important strides towards ensuring that newly hired providers can serve all of our patients in a timely way, including those on Medicaid.

Bills Related to Workforce

Education and Cultural Affairs Committee

LD 377, “An Act to Establish a University of Maine Medical School and to Dedicate Funds from Raising the Cigarette Tax to the School”

(Sen. Joe Baldacci)

MaineHealth Position: Neither for Nor Against

The Education and Cultural Affairs Committee unanimously opposed legislation that would have raised the cigarette tax and dedicated a portion of the increased revenue to the University of Maine to create a medical school in Penobscot County.

Sarah Calder [testified](#) Neither for Nor Against the bill and shared that the University of Maine is conducting a study on the feasibility of creating a medical school in Penobscot County and that passage of this legislation in the absence of that study is premature.

Criminal Justice and Public Safety Committee

LD 532, “An Act to Protect Health Care Workers by Addressing Assaults in Health Care Settings”

(Rep. Holly Stover)

MaineHealth Position: Strongly Supported; MaineHealth-Sponsored Legislation

Despite passing the House by a large margin (100-46), the Senate failed to pass (15-19) legislation that would have expanded an existing statute, which makes it a felony to assault any health care worker in an Emergency Department. The bill would have made it a felony to assault a health care worker in any health care setting.

Miranda Chadbourne, Program Manager for Workplace Violence Prevention at MaineHealth, [testified](#) in strong support of the legislation, which was sponsored by Rep. Holly Stover, a Board member at MaineHealth Lincoln Hospital.

Bills That Legislate Medicine

Judiciary Committee

LD 410, “An Act to Require Parental Consent to Withhold Life-Sustaining Measures for a Minor or to Comply with a Do-Not-Resuscitate Order for a Minor”

(Rep. Reagan Paul)

MaineHealth Position: Opposed

The Judiciary Committee voted unanimously against legislation based on national model legislation, that, among other things, would have established a statutory prohibition on health care providers withholding life sustaining care or complying with Do Not Resuscitate orders without the written consent of a parent or legal guardian for the minor and would have implemented a statutory presumption that continuation of life is in a minor’s best interest.

Dr. Allison Caldwell, Chief of the Division of Pediatric Palliative Care at Maine Medical Center, [testified](#) in strong opposition to the legislation. She shared that MaineHealth is unaware of any issues that have arisen at any MaineHealth hospital or other care setting involving the withholding of treatment for minors without the knowledge and consent of a parent or guardian.

Health and Human Services Committee

LD 712, “An Act to Clarify the Relationship Between Palliative Care Physicians and Hospital Physicians”

(Rep. Tammy L. Schmiersal-Burgess)

MaineHealth Position: Opposed as Originally Drafted

The Health and Human Services Committee voted unanimously against legislation that would have directed the Palliative Care and Quality of Life Interdisciplinary advisory Council to make recommendations to require hospitals treating patients under the care of a palliative care physician to defer to the palliative care physician and the patient when making treatment decisions.

Sarah Calder worked with the sponsor to amend the legislation to direct the Department of Health and Human Services to publish a Medicaid final rule for palliative care interdisciplinary reimbursement by December 31, 2025 and [testified](#) in support of that amendment. The Committee opposed both the original legislation and the amendment.

Health Coverage, Insurance and Financial Services

LD 1055, “An Act to Prohibit Discrimination in Access to Anatomical Donations and Organ Transplants”

(Rep. Jim Dill)

MaineHealth Position: Strongly Opposed

The Health Coverage, Insurance and Financial Services Committee voted unanimously against legislation that would have prohibited a health care facility from denying medical services related to organ transplantation solely based on an individual’s disability.

Dr. Juan Palma-Vargas, transplant surgeon at MaineHealth Maine Medical Center – Portland, [testified](#) in strong opposition to the legislation and shared that it takes particular medical conditions out of the context of which they must be considered for transplant safety and medical benefit. Existing laws already prohibit transplant programs from discriminating on the basis of disability.

Bills Related to Behavioral Health

Health and Human Services Committee

LD 258, “Resolve, to Attract and Retain Behavioral Health Clinicians”

(Sen. Trey Stewart)

MaineHealth Position: Supported

The Health and Human Services unanimously voted against legislation that would provide a \$25,000 recruitment and retention incentive to behavioral health clinicians.

Sarah Calder [testified](#) in support of the legislation and shared that it makes an unprecedented investment in the behavioral health workforce to offset the growing financial burden of an advanced clinical degree. The high cost of education coupled with relatively low salaries results in many skilled clinicians leaving organizations that primarily serve Medicaid patients for private practice where there is immediate potential for higher incomes and more control over the service being delivered. The workforce shortage is directly impacting access to care.

LD 563, “Resolve, Directing the Department of Health and Human Services to Apply for a Waiver from the Federal Government for the Medicaid Limitation on Payment to a Facility with More than 16 Inpatient Beds for Psychiatric Treatment”

(Sen. Joe Baldacci)

MaineHealth Position: Supported

The Health and Human Services Committee voted unanimously against legislation that would have directed the Department of Health and Human Services to apply to the Centers for Medicare & Medicaid Services for a waiver to the regulation that prohibits Medicaid from supporting the care of individuals with mental illness provided in facilities that exceed 16 beds.

Sarah Calder [testified](#) in support of this legislation and shared that as the Department works to develop Psychiatric Residential Treatment Facility services, we believe that seeking a waiver to this regulation, including, and importantly, for children, could provide a helpful tool in encouraging entities that specialize in providing this level of care to develop this service in Maine.

LD 791, “An Act Regarding Children with Behavioral Health Needs Awaiting Placement in Residential Care Facilities”

(Sen. Joe Baldacci)

MaineHealth Position: Supported

The Health and Human Services Committee voted unanimously against legislation that would have implemented several recommendations from the LD 2009 Work Group that studied the issue of children with behavioral health needs stuck in hospital Emergency Departments, including directing the Department of Health and Human Services to reimburse hospitals a Days Awaiting Placement payment for children stuck in hospital Emergency Departments. The Committee supported the data reporting requirements of the bill and included those provisions in LD 1745, which has not been acted on by the Governor.

Dr. Lee Wolfrum, Medical Director of MaineHealth Behavioral Health at Spring Harbor, [testified](#) in support of the legislation and shared that it takes a very important step towards addressing the crisis of children who lack access to appropriate levels of behavioral health care in Maine.

LD 1239, “An Act to Require Data Collection on and Reporting of Psychiatric Hospital Resources and Transparency in Denials of Emergency Involuntary Admissions to Psychiatric Hospitals”

(Rep. Dan Shagoury)

MaineHealth Position: Opposed

The Health and Human Services Committee unanimously voted against legislation that would have imposed significant reporting requirements on psychiatric hospitals, including providing detailed written explanations to referring hospitals each time an admission is denied.

Jason Rosenberg, Chief Nursing Officer for MaineHealth Behavioral Health, [testified](#) in opposition to the legislation and shared the burdensome reporting requirements will neither improve access to acute psychiatric care nor quality of patient care.

LD 1380, “Resolve, Establishing the Study Group on Solutions to Address Maine's Behavioral Health Workforce Shortage”

(Rep. Holly Stover)

MaineHealth Position: Supported

The Health and Human Services Committee unanimously voted against legislation that would have established a Study Group on Solutions to Address Maine’s Behavioral Health Workforce Shortage to review the State’s behavioral health workforce needs and assess the feasibility of strategies and initiatives to address the needs.

Sarah Calder [testified](#) in support of the legislation and shared that in addition to supporting sustainable reimbursement rates for behavioral health services, it is critical that we look to support innovative solutions like Earn as You Learn models, supporting internships and apprenticeships, training preceptors, and student loan repayment to address our workforce needs.

LD 1799, “Resolve, Directing the Department of Health and Human Services to Review the Progressive Treatment Program and Processes by Which a Person May Be Involuntarily Admitted to a Psychiatric Hospital or Receive Court-ordered Community Treatment”

(Rep. Flavia DeBrito)

MaineHealth Position: Supported

The Health and Human Services Committee unanimously voted against legislation that would have directed the Department of Health and Human Services to convene a stakeholder group to review the Progressive Treatment Program.

Sarah Calder [testified](#) in support of the legislation and shared that a stakeholder group could address the problems experienced by both patients and providers with the Progressive Treatment Program and ensure that people receive the care they need in the community and in the least restrictive and appropriate setting.

Education and Cultural Affairs Committee

LD 776, “An Act to Provide Free School Lunches to Special Purpose Private Schools That Receive Students from the Public School System”

(Rep. Dani O’Halloran)

MaineHealth Position: Supported

The Education and Cultural Affairs Committee unanimously voted against legislation that would have provided free school lunches to special purpose schools that teach publicly funded students.

Colleen Foley-Ingersoll, Senior Director of the Developmental Disorders Services at Maine Behavioral Healthcare, [testified](#) in support of the legislation and shared that children in out-of-district placements deserve to have the same access to state-funded child nutrition programs.

Health Coverage, Insurance and Financial Services Committee

LD 1084, “Resolve, to Alleviate the Behavioral Health Workforce Shortage by Allowing the Training and Granting of Behavioral Health Certifications by Community-based Agencies and Hospitals”

(Rep. Lydia Crafts)

MaineHealth Position: Opposed

The Health Coverage, Insurance and Financial Services Committee unanimously voted against legislation that would have directed the Department of Health and Human Services to terminate 3rd-party contracts to conduct the training and certification of mental health rehabilitation technicians, certified residential medication aides, and behavioral health professionals. It also directed the Department to update its rules to allow community-based agencies and hospitals to conduct the training and certification in-house.

Sarah Calder [testified](#) in opposition to the legislation and shared that MaineHealth Behavioral Health does not have the resources to provide the training internally and that the bill would require a far more expensive and less efficient system than that which we have today.

Criminal Justice and Public Safety Committee

LD 1000, "An Act to Require Correctional Facilities and Substance Use Disorder Treatment Facilities to Release Prisoners and Patients to a Responsible Adult"

(Rep. Marygrace Cimino)

MaineHealth Position: Opposed

The Criminal Justice and Public Safety Committee voted unanimously against legislation that would have required the Department of Health and Human Services to adopt rules to require substance use disorder treatment facilities and prisons discharge a client or prisoner to a "responsible" adult.

Sarah Calder [testified](#) in opposition to the legislation and shared several concerns, including that it may infringe on a client's autonomy and right to make decisions about their own care and recovery. Additionally, ensuring that a patient is discharged to a "responsible" adult may involve sharing sensitive information about the patient's condition and treatment and could raise privacy concerns and potentially violate the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Bills Related to Public Health

Health and Human Services Committee

LD 518, "Resolve, Increasing Access to Maternal and Child Health Care"

(Rep. Michele Meyer)

MaineHealth Position: Supported

The Health and Human Services Committee voted unanimously against legislation that would have directed the Department of Health and Human Services to examine the barriers to the universal referral to all pregnant or parenting individuals and families to the CradleME program.

Sarah Calder [testified](#) in support of the legislation and shared that CradleME provides important preventative health interventions, and MaineHealth supports addressing the current gaps in the system that are delaying access to this critically important service.

Carried Over Legislation

Bills Related to Health Care Payment and Operations

Health Coverage, Insurance and Financial Services Committee

LD 910, "An Act to Collect Data to Better Understand the Consumer's Health Insurance Experience"

(Sen. Denise Tepler)

MaineHealth Position: Did Not Testify

The Health Coverage, Insurance and Financial Services Committee carried over legislation that requires health insurance carriers regulated by the State of Maine to provide quarterly reports beginning in 2026 to the Bureau of Insurance that identifies the number of claims for that quarter that were denied and the number of claims for which prior authorization was denied. The report must also list the 5 most common reasons for a claim denial and a prior authorization denial.

LD 1301, "An Act to Prohibit the Use of Artificial Intelligence in the Denial of Health Insurance Claims"

(Sen. Mike Tipping)

MaineHealth Position: Supported

The Health Coverage, Insurance and Financial Services Committee carried over legislation that places guardrails around the use of artificial intelligence by a health insurance carrier to make medical review or utilization review determinations related to the approval, denial, delay, medication or adjustment of coverage for services. The Committee voted against similar legislation, [LD 955](#).

Sarah Calder [testified](#) in support of the legislation, which ensures that the technology supplements the work of qualified clinicians and does not replace their oversight.

LD 1496, "An Act to Ensure Ongoing Access to Medications and Care for Chronic Conditions and Conditions Requiring Long-term Care by Changing Requirements for Prior Authorizations"

(Rep. Sam Zager)

MaineHealth Position: Supported

The Legislature failed to fund legislation that requires a prior authorization for the treatment of a chronic condition or prescription remain valid for 3 years.

Dr. Jess Faraci, Family Medicine Physician at MaineHealth Mid Coast Hospital, [testified](#) in strong support of this legislation and shared how the burden of prior authorizations is impacting the patients she cares for and is leading to physician burnout.

LD 1890, “An Act to Facilitate the Development of Ambulatory Surgical Facilities by Exempting Certain Facilities from the Requirement to Obtain a Certificate of Need”

(Rep. Bob Foley)

MaineHealth Position: Opposed; No Public Hearing Held

The Health Coverage, Insurance and Financial Services Committee carried over legislation without a public hearing that would exempt ambulatory surgical centers from the CON law, except for those owned or operated by a hospital unless the ASC is operated and paid only as an ASC and does not share space with a hospital or the outpatient surgery department of a Critical Access Hospital. Anthem Blue Cross and Blue Shield is promoting the legislation.

Health and Human Services Committee

LD 331, “Resolve, Directing the Department of Health and Human Services to Ensure Timely Reimbursement Under MaineCare Regarding Hospital Cost Reports”

(Rep. Gary Drinkwater)

MaineHealth Position: Supported

The Legislature failed to fund legislation that directs the Department of Health and Human Services to reimburse at least 75% of the as-filed settlement pursuant to a hospital's cost report within 90 days of receipt.

Sarah Calder [testified](#) in support of the legislation and shared that MaineHealth is currently owed over \$100 million by Medicaid and that this legislation would help to address hospitals' cash flow issues by providing timely payment of care that has already been provided.

LD 1583, “An Act Regarding Home Health Care and Hospice Services Ordered by a Health Care Provider Outside of Maine”

(Rep. Kristen Cloutier)

MaineHealth Position: Supported

The Health and Human Services Committee carried over legislation that allows a home health care or hospice provider to deliver home health care or hospice services to a

patient who resides in Maine based on an order from a health care provider from another state.

Patsy Aprile, President of MaineHealth Home Health and Hospice, [testified](#) in support of the legislation and shared that it supports patient choice, patient convenience, and decreases regulatory burden.

Taxation Committee

LD 438, “An Act to Allow Municipalities to Limit Nonprofit Property Tax Exemptions”

(Rep. Benjamin Hymes)

MaineHealth Position: Opposed

The Taxation Committee carried over legislation that provides municipalities the power to limit the amount of a property tax exemption provided to a nonprofit organization. The Committee voted against similar legislation, [LD 1795](#).

Sarah Calder [testified](#) in opposition to the legislation and shared that any funds shifted away from non-profit health care providers could jeopardize access to care for our most vulnerable communities.

Judiciary Committee

LD 1822, “An Act to Enact the Maine Online Data Privacy Act”

(Rep. Amy Kuhn)

MaineHealth Position: Did Not Testify

The Judiciary Committee advanced two competing comprehensive consumer privacy bills – LD 1822 and [LD 1088](#). Prior to adjourning, the Legislature defeated LD 1088, which was considered the “industry” bill and failed to take up LD 1822, which business groups, including the Maine State Chamber of Commerce are opposed to. Importantly, health care providers were exempt in both bills.

Labor Committee

LD 599, “An Act to Raise the Salary Threshold for Overtime Pay”

(Sen. Mike Tipping)

MaineHealth Position: Did Not Testify

The Legislature failed to fund legislation that increases the overtime salary threshold for salaried employees to the highest of:

- 3,000 times the State’s minimum wage
- A salary level of \$58,656 annually
- The annualized rate established by the federal Department of Labor

The impact of this legislation to MaineHealth would be approximately \$1.9 million.

Bills Related to Workforce

Health Coverage, Insurance and Financial Services Committee

LD 105, “An Act to Implement the Recommendations of the Commission Regarding Foreign-trained Physicians Living in Maine to Establish a Sponsorship Program for Internationally Trained Physicians”

(Rep. Kristi Mathieson)

MaineHealth Position: Supported

The Legislature failed to fund legislation that establishes a system that provides a pathway to full licensure for foreign-trained physicians.

Sarah Calder [testified](#) in support of this legislation and shared that it ensures new Mainers are able to integrate into the health care workforce using their education and experience from another country.

Labor Committee

LD 703, “An Act to Establish a Health Care Gap Year Program for Recent College Graduates”

(Rep. Ambureen Rana)

MaineHealth Position: Supported

The Legislature failed to fund legislation that provides funding for the Roux Gap Year Program, which incentivizes recent college graduates to work in critical health care positions, particularly in underserved and rural communities.

Sarah Calder [testified](#) in support of this legislation and shared that MaineHealth is proud to participate in the Roux Gap Year Program, and we’ve experienced several benefits of the program, including that participants are filling a current vacancy within our organization and that its solidifying future pipelines.

Education and Cultural Affairs Committee

LD 581, “An Act to Fund the Doctors for Maine's Future Scholarship Program”

(Sen. Rick Bennett)

MaineHealth Position: Supported; MaineHealth-Sponsored Legislation

The Legislature failed to fund legislation that continues funding for the Doctors for Maine’s Future Scholarship Program.

Several Maine Track graduates and students recently [testified](#) in support of the legislation and shared how important the scholarships were to their decision to attend medical school in Maine, but also their love of rural medicine and their desire to stay and practice in Maine.

Health and Human Services Committee

LD 1311, “An Act to Expand Maine's Health Care Workforce by Improving Educational Opportunities”

(Sen. Henry Ingwersen)

MaineHealth Position: Supported

The Legislature failed to fund legislation that provides \$1.9 million in annual funding to support, among other things, in-state clinical placements of 3rd and 4th year medical

school students, and to continue funding for the Maine Rural Graduate Medical Education Collaborative and Building-ME Network.

Kneka Smith, Vice President of Academic Affairs at MaineHealth, [testified](#) in support of this legislation and shared that the workforce crisis is contributing to the unraveling of Maine's health care system.

Bills that Legislate Medicine

Health Coverage, Insurance and Financial Services Committee

LD 1970, "An Act to Amend the Laws Regarding Consent for HIV Testing and Disclosure of Related Medical Information for Insurance Purposes"

(Rep. Laurie Osher)

MaineHealth Position: Supported as Originally Drafted

The Health Coverage, Insurance and Financial Services Committee carried over legislation that provides a health care provider does not need to obtain separate consent to perform an HIV test on a patient.

Dr. Stephen Rawlings, Medical Director of the Gilman Clinic at MaineHealth Maine Medical Center – Portland, [testified](#) in support of this legislation and shared that lowering barriers to HIV testing is critical to improving the rates of individuals diagnosed with late-stage HIV in Maine.

No Committee Assigned

LD 1281, "An Act to Address the Safety of Nurses and Improve Patient Care by Enacting the Maine Quality Care Act"

(Sen. Stacy Brenner)

MaineHealth Position: Strongly Opposed; Hearing Not Held

Legislation to impose arbitrary nurse staffing ratios in hospitals was carried over and will be on the House calendar pending reference to a legislative committee when the Legislature returns in January. LD 1281 is nearly identical to legislation introduced last Session that died pending a vote in the House.

Bills Related to Behavioral Health

Health and Human Services Committee

LD 604, “An Act to Ensure Access to Concurrent Methadone Treatment and Intensive Outpatient Programs”

(Rep. Laura Supica)

MaineHealth Position: Supported

The Legislature failed to fund legislation that would allow Medicaid members to receive both methadone treatment and intensive outpatient treatment concurrently.

Chrstine Wyman, Clinical Director at MaineHealth, testified in support of the legislation and [shared](#) that the Medicaid restriction that prohibits reimbursement for individuals receiving both methadone and intensive outpatient treatment concurrently is hurting our most vulnerable patients.

LD 721, “Resolve, to Support the Full Implementation of Certified Community Behavioral Health Clinics in the State”

(Rep. Anne Graham)

MaineHealth Position: Strongly Supported

The Legislature failed to fund legislation that continues the funding for Certified Community Behavioral Health Clinics (CCBHCs), including those operated by MaineHealth.

Kelly Barton, President of MaineHealth Behavioral Health, [testified](#) in support of this legislation and shared that MaineHealth’s CCBHCs in Knox and Waldo Counties have been able to increase the number of clients served by 16% since between Fiscal Year 2023 and 2024, and of those the number of children served increased by 45%.

Criminal Justice and Public Safety Committee

LD 496, “An Act Regarding the Time Frame for Issuing a Silver Alert and to Require Silver Alerts for All Persons Missing from Certain Inpatient Facilities”

(Rep. Nina Milliken)

MaineHealth Position: Opposed as Originally Drafted

The Legislature failed to fund legislation that requires Silver Alerts be issued to hospitals, homeless shelters, and libraries.

Lee D'Attilio, Senior Director of Intensive Services at MaineHealth Behavioral Health, [testified](#) in opposition to the original legislation, which would have required a Silver Alert be issued “immediately” when a resident of a group home or patient of a psychiatric hospital is “reported missing.” She shared that the bill imposes burdensome requirements when effective safety protocols are already in place and violates patient confidentiality laws.

Bills Related to Public Health

Health and Human Services Committee

LD 1835, “An Act to Improve Nonemergency MaineCare Transportation”

(Sen. Rick Bennett)

MaineHealth Position: Supported

The Health and Human Services Committee carried over legislation that, among other things, provides data on how the nonemergency Medicaid transportation system is functioning.

Aleta Rupert, Senior Director of Access to Care at MaineHealth, [testified](#) in support of this legislation and shared several examples of the nonemergency Medicaid transportation system failing to meet the needs of our patients.

Appropriations and Financial Affairs Committee

LD 506, “An Act to Authorize a General Fund Bond Issue for Research and Development and Commercialization”

(Sen. Teresa Pierce)

MaineHealth Position: Supported

The Legislature failed to advance any bond measures, including LD 506, which would provide \$50 million to be used to provide research and development and commercialization for Maine-based public and private institutions in support of technological innovation in targeted sectors.

Dr. Jessica Chertow, Vice President of Research, MaineHealth, MaineHealth Institute for Research, and Susan Ahern, Vice President of Innovation at MaineHealth, submitted [testimony](#) in support of the bond issue and shared that it will support the creation of high-paying jobs, attract new business partners, and catalyze the growth of Maine’s research landscape.

Judiciary Committee

LD 208, "An Act to Eliminate the 72-hour Waiting Period on Firearm Purchases"

(Rep. Billy Bob Faulkingham)

MaineHealth Position: Opposed; Did Not Testify

The Judiciary Committee carried over legislation that would repeal the 72-hour waiting period law that was passed by the 131st Legislature. The law is currently winding its way through the court system.

LD 1378, "An Act to Protect Maine Communities by Enacting the Extreme Risk Protection Order Act"

Citizens'-Initiated Bill

MaineHealth Position: Support; Did Not Testify

The Judiciary Committee carried over a citizens'-initiated bill that would enact a Red Flag law. The question will appear on the November 4, 2025, General Election ballot.

For questions related to this report, please contact:

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