

# MaineHealth Government Affairs – 2026 End of Session Report

The 2026 End of Session Report provides an overview of the key bills that MaineHealth Government Affairs tracked and worked on during the Second Regular Session or “Short” Session of the 132<sup>nd</sup> Maine Legislature. Since the 132<sup>nd</sup> Legislature convened in January 2025, we have tracked, analyzed, and weighed in on more than 250 bills and amendments, including testifying on nearly 100.

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

MaineHealth’s proactive legislative agenda is developed through a [formal process](#) and is informed by care team member feedback. Given the volume of bills carried over from the previous session, MaineHealth did not introduce any new bills during the Second Session, but continued to prioritize the following:

- Initiatives that seek to rebuild and stabilize the children’s behavioral health system
- Fully funding the Doctors for Maine’s Future Scholarship Program
- Reducing the burden of prior authorization challenges experienced by providers and patients
- *\*Throughout the report, MaineHealth priority bills are designated by call out boxes.*

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 Second Regular Session is July 29, 2026.**

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 Supplemental Budget

Democrats this Session once again moved forward with a majority Supplemental Budget that failed to gain any Republican votes. It has been nearly 4 years since a budget has received bipartisan support (2022).

The \$529 million proposal reduced the Budget Stabilization Fund (Rainy Day Fund) from the statutory maximum of \$1.03 billion to \$738 million, paying for key initiatives including some listed below. Of note, the Supplemental Budget:

- Rebases the hospital tax and uses unbudgeted hospital tax revenue from MaineHealth to provide a supplemental payment to hospitals. The additional tax totals \$29.7 million annually to Maine hospitals, and the supplemental pool payment totals \$15 million.
- Provides one-time funding for a 2.5% temporary rate increase to the Medicare physician fee schedule pursuant to H.R.1 passed by Congress.
- Provides nearly \$3.4 million to finally establish a youth psychiatric residential treatment facility.
- Provides a 3.07% cost-of-living adjustment for several MaineCare sections, including Sections 17, 40, and 65.
- Appropriates \$31,250,000 to the MaineCare Stabilization Fund.
- Appropriates \$31,250,000 to the Education Stabilization Fund.
- Imposes a 2% surcharge on taxable income of more than \$1 million for single individuals and \$1.5 million for joint filers or heads of households.
- Provides a \$300 "affordability" payment to eligible Mainers.
- Makes permanent the Maine Free Community College Program,

The Governor signed the Supplemental Budget into [law](#), and most provisions will take effect on July 29, 2026.

## 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**

[Public Law, Chapter 530](#) tasks the Maine Prescription Drug Affordability Board with assessing strategies to reduce the cost of prescription drugs, including referenced-based pricing.

### [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; Testified through the Maine Hospital Association**

[Public Law, Chapter 599](#) increases the monetary threshold that requires Certificate of Need review and approval for the establishment of new health care facilities (other than hospitals) to \$7.5 million with annual adjustments based on the Consumer Price Index medical care services index.

MaineHealth testified through the Maine Hospital Association, in strong opposition to raising the threshold to \$7.5 million as it will make it easier for providers to ignore the needs of our communities by refusing to serve Medicaid patients and the uninsured and will further destabilize our increasingly fragile health care system.

### [LD 2082, "An Act to Regulate the Use of Artificial Intelligence in Providing Certain Mental Health Services"](#)

(Rep. Amy Kuhn)

**MaineHealth Position: Opposed as Originally Drafted**

[Public Law, Chapter 687](#) prohibits the use of artificial intelligence in providing therapy or psychotherapy services, unless used by a licensed professional. Licensed professionals can use artificial intelligence to assist in providing administrative or supplementary support but written consent (electronic is permitted) must be obtained from the patient. Initialing a specific section of a general consent form is permitted. Additionally, the patient must be informed in writing how artificial intelligence will be used and how the data will be stored and deleted.

After speaking with the sponsor, Sarah Calder [testified](#) neither for nor against the sponsor's amended version of the legislation, which changed the original requirement for written consent to verbal consent (the committee ultimately changed it to electronic written consent). In her testimony she shared that blanket restrictions could unintentionally limit the use of helpful artificial intelligence tools and that by creating a separate regulatory framework for the use of artificial intelligence in the provision of behavioral health services, we may be unintentionally reinforcing the stigma that behavioral health is separate from health care.

**[LD 2129, "An Act to Prohibit Liens on Principal Residences and Wage Garnishments for Medical Debt"](#)**

**(Sen. Donna Bailey)**

**MaineHealth Position: No Position**

[Public Law, Chapter 649](#) prohibits the placement of a lien on the principal place of residence and the garnishment of salary or wages for medical debt.

**[LD 2189, "An Act to Require Prior Notification of Closures of Labor and Delivery Units and Changes in Maternity or Newborn Care Services by Hospitals as Recommended by 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. Kristi Matheison – Recommendation from 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)**

**MaineHealth Position: No Position**

[Public Law, Chapter 606](#) requires a hospital to file with the Department of Health and Human Services at least 120 days prior to terminating or changing the level of care of maternity or newborn care services.

**[LD 2200, "An Act Relating to Noncompete Agreements Between Employers and Health Care Practitioners"](#)**

**(Rep. Kristi Matheison – Recommendation from 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)**

**MaineHealth Position: Supported, Did Not Testify**

[Public Law, Chapter 718](#) prohibits an employer from requiring a health care practitioner to enter into a noncompete agreement if the health care practitioner does not have an ownership interest in the hiring entity.

**[LD 2201, “An Act to Implement Certain Recommendations Related to the Regulatory Review and Approval of Certain Health Care Transactions Involving Private Equity Companies, Hedge Funds or Management Services Organizations from 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. Kristi Matheison – Recommendation from 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)**

**MaineHealth Position: No Position**

[Public Law, Chapter 690](#) establishes a process for notice, review, and approval of health care transactions when a private equity company, hedge fund, or management services organization acquires a majority ownership interest in a health care entity or takes ownership control.

**[LD 2202, “An Act to Require Notice to the Attorney General Prior to the Merger of Certain Health Care Entities as Recommended by 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. Kristi Matheison – Recommendation from 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)**

**MaineHealth Position: No Position**

[Public Law, Chapter 661](#) requires a health care entity filing a premerger notification with the Federal Trade Commission or United States Department of Justice to concurrently file a complete electronic copy of the Hart-Scott-Rodino form with the Maine Attorney General.

**[Health and Human Services Committee](#)**

**[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**

[Public Law, Chapter 567](#) allows a Maine-licensed CMS-certified home health care provider to deliver home health care services to a patient who resides in Maine for 90 days based on an order from a physician 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.

**[LD 2021, “An Act to Add an Online Option for Reporting of Suspected Abuse, Neglect and Exploitation of Adult”](#)**

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

**MaineHealth Position: No Position**

[Public Law, Chapter 541](#) adds an online option for making reports of abuse, neglect, or exploitation. The online portal will be designated by the Department.

**[LD 2103, “An Act Requiring Hospitals to Adopt Cybersecurity Plans”](#)**

**(Rep. Julia McCabe)**

**MaineHealth Position: Opposed through the Maine Hospital Association**

[Public Law, Chapter 668](#) requires hospitals to adopt a cybersecurity plan, review it annually, and submit it to the Department if requested. The hospital is also required to have their plan audited annually by an independent, certified cybersecurity auditor or expert and then report a high-level summary of the results to the Department. The cybersecurity plan must include several provisions, including a backup communication response plan to ensure that an emergent patient concern receives a response within 48 hours and that nonemergent patient concerns receive a response within 7 days and a plan for the timely management of prescriptions.

The Maine Hospital Association [testified](#) in opposition to the legislation on behalf of the hospital community and shared that hospitals already have to comply with extensive federal laws and regulations related to cybersecurity.

**[LD 2105, “An Act to Update Maine's Mandated Reporting Laws”](#)**

**(Rep. Michele Meyer)**

**MaineHealth Position: Qualified Support**

[Public Law, Chapter 667](#) requires that mandated reporters make a report of child abuse, neglect, or a suspicious child death within 24 hours. It also clarifies that the person with first-hand information about the suspected child abuse or neglect must make the report whenever possible, but still allows the current designated agent system. It also allows a licensed mental health professional who reports suspected abuse to include a request in their report that the Department consider the impact of any investigation or action on the ongoing treatment of the patient.

Northern Light Health and MaineHealth provided joint [testimony](#) and shared our significant concerns with requiring the person with first-hand knowledge of the suspected abuse to make the report, which the sponsor and committee acknowledged and amended.

**[LD 2154, “An Act to Establish the Health Information Technology Fund to Support a State-designated Statewide Health Information Exchange”](#)**

**(Rep. Drew Gattine)**

**MaineHealth Position: Supported through the Maine Hospital Association**

[Public Law, Chapter 732](#) establishes the Health Information Technology Fund and appropriates \$350,000 to the fund to support HealthInfoNet, the state-designated health information exchange.

The Maine Hospital Association [testified](#) on behalf of the hospital community in support of the original legislation, which appropriated \$1.8 million in ongoing funding to HealthInfoNet.

**[LD 2177, “An Act to Update and Improve the MaineCare Reimbursement System”](#)**

**(Rep. Drew Gattine – Department of Health and Human Services-Sponsored Legislation)**

**MaineHealth Position: Did Not Testify**

[Public Law, Chapter 664](#) updates the MaineCare rate determination process. Among other technical changes, it requires the Department to annually publish by January 1 the estimated cost-of-living adjustments to be applied in the subsequent fiscal year. It also stipulates that changes in rates, including cost-of-living adjustments, do not require rulemaking as long as the methodology remains the same.

**[Labor Committee](#)**

**[LD 54, “An Act to Require Employers to Disclose Pay Ranges and Maintain Records of Employees’ Pay Histories”](#)**

**(Rep. Amy Roeder)**

**MaineHealth Position: No Position**

[Public Law, Chapter 771](#) requires an employer with 10 or more employees to include the prospective range of pay in a job posting, and upon the request of an employee, an employer must also disclose the pay range for the position the employee holds. It also requires an employer to maintain a record of each position held by an employee and the

pay history of the employee in each position for the duration of the employee's employment and for 3 years after the termination of the employee's employment.

## Judiciary Committee

### [LD 2106, "An Act to Limit Consent for Entry into Nonpublic Areas of and to Limit Access to Protected Records Maintained by Certain Public Entities"](#)

**(Rep. Eleanor Sato)**

**MaineHealth Position: No Position**

[Public Law, Chapter 770](#) directs the Attorney General to publish model policies and guidance for public facilities that limit, to the fullest extent possible consistent with state and federal law, voluntary consent for entry into nonpublic areas of the public facility by law enforcement officers for immigration enforcement purposes. The guidance will also address the disclosure of protected records held by the facility. Public schools, state institutions, and state libraries are required to adopt the model policies and guidance, but hospitals and health care facilities have the option to adopt them.

## **Laws Related to Workforce**

### Health Coverage, Insurance and Financial Services Committee

### [LD 2166, "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)**

**MaineHealth Position: Supported**

***Emergency Legislation***

[Resolve, Chapter 140](#) authorizes the final adoption of the rule related to nurse delegation. Importantly, the rule states that the delegating nurse can determine at any time that nursing activities or tasks can no longer be delegated based on a change in the health status of the patient, the unlicensed assistive personnel's performance of the activities or tasks, or any other reason the delegating nurse determines may jeopardize patient health or safety. The rule also incorporates language from the law that states that nurses may not be required or coerced into delegating nursing tasks.

For background, the 131<sup>st</sup> 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. Last Session, the committee rejected the final adoption of the rule and the Board of Nursing needed to go through the rulemaking process again.

Mealea Lewis, Nursing Director at MaineHealth Maine Medical Center in Biddeford and Sanford, [testified](#) in support of finalizing the updated rule and shared that the rule provides nurses with clarity, protects patients through consistent standards, and strengthens our healthcare system during a time of significant workforce strain.

## **Labor Committee**

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

**(Rep. Ambureen Rana)**

**MaineHealth Position: Supported**

[Public Law, Chapter 751](#) provides \$200,000 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.

## **Laws 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**

[Public Law, Chapter 559](#) clarifies that a health care provider does not need to obtain separate written 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.

**LD 2071, “An Act to Expand Access to Vaccines Approved by the United States Food and Drug Administration by Allowing Pharmacists to Prescribe, Dispense and Administer Vaccines and Require Insurance Coverage”**

**(Rep. Sally Cluchey)**

**MaineHealth Position: Supported**

[Public Law, Chapter 683](#) ensures insurance coverage of immunizations licensed by the FDA and consistent with the recommendations of the American Academy of Pediatrics, the American Academy of Family Physicians or the American College of Obstetricians and Gynecologists, providing certainty as federal policy shifts. It also: 1) allows pharmacists to prescribe, dispense, and administer those same vaccines to adults; 2) allows pharmacists to prescribe, dispense, and administer flu and COVID vaccines to anyone over the age of 6 months; 3) clarifies that a pharmacist can administer, with a valid prescription, a vaccine approved by the FDA and consistent with the recommendations of those medical associations to anyone over the age of 3; 4) clarifies that at the direction of a pharmacist, a pharmacy intern can administer vaccines to the same patient populations as a pharmacist; and, 5) removes the requirement that a pharmacist notify the person’s primary care provider within 72 hours of administering a vaccine, as this information is already required to be reported to the state immunization information reporting system.

Caroline Zimmerman, Director of Child and Family Health at MaineHealth, [testified](#) in support of the amended legislation and shared that it provides a framework that prioritizes clinically grounded vaccine recommendations and protects timely and affordable access to recommended vaccines for individuals who want them.

**LD 2146, “An Act to Increase Access to Critical Vaccinations”**

**(President Mattie Daughtry)**

**MaineHealth Position: Supported**

[Public Law, Chapter 702](#) permits the Maine Vaccine Board to consider recommendations relating to vaccines from the American Academy of Pediatrics, the American Academy of Family Physicians or the American College of Obstetricians and Gynecologists, when making its annual determination of vaccines that will be available through the Universal Immunization Program. It also permits the Maine Vaccine Board to request funding from the State to cover vaccines, if federal recommendations or coverage changes. The law also clarifies that a pharmacist licensed in Maine may have immunity from liability if they are administering vaccines according to guidelines recommended by the State or the professional organizations listed.

Caroline Zimmerman, Director of Child and Family Health at MaineHealth, [testified](#) in support of this legislation and shared that the bill provides a foundation for maintaining access to clinically grounded, evidence- based vaccine recommendations for the Universal Immunization Program. She also urged the Committee to include immunity from liability

for physicians and other healthcare personnel who vaccinate people under the Universal Immunization Program, which the committee rejected.

## **Criminal Justice and Public Safety Committee**

### **LD 2132, “An Act to Amend the Maine Emergency Medical Services Act of 1982 to Modify Penalties for Unauthorized Operation or Practice of Emergency Medical Services, to Direct Maine Emergency Medical Services to Evaluate Improvements to Maine's Trauma System Reporting and to Make Certain Technical Changes”**

**(Sen. Rachel Talbot Ross – Department of Public Safety-Sponsored Legislation)  
MaineHealth Position: Opposed as Originally Drafted**

[Public Law, Chapter 693](#) directs the Maine Emergency Medical Services (EMS) to convene the State Trauma Prevention and Control Advisory Committee to evaluate opportunities to enhance the State’s trauma care system and to share uniform quality data related to injury-related incidents. Maine EMS is required to submit a report to the Criminal Justice and Public Safety Committee with its findings by September 1, 2027. The law also requires emergency medical services educators and training centers to be licensed by the Maine EMS Board.

Dr. Bryan Morse, Trauma Medical Director at MaineHealth Maine Medical Center, [testified](#) in opposition to the original legislation, which would have required hospitals report to the Maine EMS Board information regarding persons diagnosed as suffering from trauma within 30 days of the diagnosis or the discharge date from the hospital. Dr. Morse shared that adding further unfunded mandates risks exacerbating existing capacity challenges and may unintentionally undermine access to care for injured patients.

## **Health and Human Services Committee**

### **LD 2083, “An Act to Expand Access to Certified Residential Medication Aide Training”**

**(Rep. Michele Meyer)**

**MaineHealth Position: No Position**

[Public Law, Chapter 574](#) directs the Department of Health and Human Services to issue a certificate to an individual who has completed a department-approved certified residential medication aide course. A certificate is valid for a 2-year certification period.

### **[LD 2108, “An Act to Establish the Suicide Mortality Review Panel”](#)**

**(Rep. Holly Stover – Department of Health and Human Services-Sponsored Legislation)**

**MaineHealth Position: Supported**

***Emergency Legislation***

[Public Law, Chapter 586](#) establishes the Suicide Mortality Review Panel to review the trends in deaths by suicide. The Panel is charged with making recommendations to the Department of Health and Human Services on ways to decrease the rate of deaths by suicide and providing a report to the Legislature by January 2 of each year.

Melissa Gattine, Senior Program Manager and Zero Suicide Project Director at MaineHealth, [testified](#) in support of this legislation and shared that the development of a statewide Suicide Mortality Review Board is a crucial step in identifying the network of solutions needed to reverse the current trajectory in suicide deaths.

## **Laws Related to Public Health**

### **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**

[Public Law, Chapter 507](#) requires the Department of Health and Human Services to implement the Alzheimer's Disease and Related Dementias Prevention and Support Program.

#### **[LD 1772, “An Act to Establish the Fund for a Healthy Maine Stabilization Fund”](#)**

**(Sen. Rick Bennett)**

**MaineHealth Position: Neither for Nor Against**

***Emergency Legislation***

[Public Law, Chapter 641](#) creates the Fund for a Healthy Maine Stabilization Fund under the Fund for a Healthy Maine and directs all nonparticipating manufacturer adjustments disputed in 2026 and 2027, 10% of future disputed adjustments, and a proportionate share of interest or other investment income on balances in the Fund for a Healthy Maine to the Stabilization Fund. Those funds are then to be used to eliminate the need for the working capital advance before April 30, 2028. Any additional funds once the working capital advance is eliminated can be used for health-related research and planning activities.

Sarah Calder submitted written [testimony](#) with suggestions to improve the original legislation, which would have established the Trust for a Healthy Maine and created a governing board of trustees to administer the trust and to participate in the development and promotion of a state health plan.

## **Housing and Economic Development Committee**

### **LD 2124, “An Act to Support Emergency Shelter Funding Using Revenue from the Real Estate Transfer Tax”**

**(Rep. Drew Gattine)**

**MaineHealth Position: Supported**

[Public Law, Chapter 729](#) directs \$1,012,617 from the real estate transfer taxes to support emergency homeless shelters.

Dr. Chris Bowe, President of MaineHealth Mid Coast Hospital, submitted written [testimony](#) in support of initiatives that ensure a strong shelter system. He shared that a stable and well-funded shelter system is essential to the health of our communities.

## **Laws Related to Behavioral Health**

### **Health and Human Services Committee**

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

**(Rep. Anne Graham)**

**MaineHealth Position: Strongly Supported**

[Resolve, Chapter 170](#) provides \$500,000 in General Funds and over \$1.67 million in Federal Funds 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%.

**[LD 1745, "An Act to Stabilize Residential Treatment Capacity for Children and Youth in Maine"](#)**

**(Rep. Lori Gramlich)**

**MaineHealth Position: Supported**

***Emergency Legislation***

[Public Law, Chapter 522](#) was one of the bills the governor held when the legislature adjourned last June and became law without the governor's signature when the Legislature returned in January. It requires the Department of Health and Human Services to submit annual reports 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 January 15, 2027. 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.

**[LD 1989, "An Act to Increase Access to the Progressive Treatment Program Fund"](#)**

**(Sen. Marianne Moore – Department of Health and Human Services-Sponsored Legislation)**

**MaineHealth Position: Supported**

***Emergency Legislation***

[Public Law, Chapter 576](#) expands and clarifies who is eligible for reimbursement from the Progressive Treatment Program (PTP) Fund. It also increases the annual amount the Department can reimburse an individual from \$800 to \$3,500.

Sarah Calder [testified](#) in support of the legislation and shared that PTPs are underutilized across the state for a variety of reasons, including that the legal costs to initiate and maintain a PTP and execute a Green Paper are a significant barrier. She also urged the Department to identify potential solutions to the other significant problems with the PTP Program.

## 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**

[Public Law, Chapter 709](#) requires that 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.

## Laws Related to Long-Term Care

### Health and Human Services Committee

### [LD 2131, "Resolve, Regarding the Nursing Facility Reform Transition Fund"](#)

(Sen. Nicole Grohoski)

**MaineHealth Position: Supported as Originally Drafted**

***Emergency Legislation***

[Resolve, Chapter 157](#) requires the Department of Health and Human Services to amend the Section 67 MaineCare rules to require that the guardrails be adjusted for inflation in the 3-year transition to new reimbursement rates for nursing facilities. It also requires the Department to convene a stakeholder group to examine issues related to the Nursing Facility Reform Transition Fund, which was created by the 131<sup>st</sup> Legislature to assist nursing facilities with the MaineCare rate reform transition.

Sarah Calder shared in her [testimony](#) that the gap between the number of Mainers who will need long-term care and the number of available beds is widening rapidly, with no sign of reversing under current policy. Across the MaineHealth system, on any given day, approximately 100 patients are awaiting residential placement, and, last year alone, we were forced to send 104 patients out of state simply because no nursing facility bed was available in Maine.

# Defeated 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 voted against legislation that would have required health insurance carriers regulated by the State of Maine to provide quarterly reports beginning in 2026 to the Bureau of Insurance with the number of claims for that quarter that were denied and the number of claims for which prior authorization was denied.

#### [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 voted against legislation that would have placed guardrails around the use of artificial intelligence (AI) 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 last Session, [LD 955](#).

Sarah Calder [testified](#) in support of both bills and the need for careful oversight of the use of AI to review claims, as well as for qualified clinical peers to review claim denials and adjustments.

**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 would have required a prior authorization for the treatment of a chronic condition or prescription to remain valid for 3 years. The fiscal note, developed by Anthem in its role as Third Party Administrator for the State Employee, was \$3,868,800 annually, despite the fact that the legislation applied only to care that had already been approved. The Maine Medical Association and MaineHealth worked unsuccessfully to reduce the fiscal note and clarify that the bill would not have authorized new care.

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 2190, “An Act to Implement Certain Changes in the Certificate of Need Laws Recommended by 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. Kristi Matheison – Recommendation from 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)**

**MaineHealth Position: Opposed**

The Health Coverage, Insurance and Financial Services Committee voted against legislation that would have given the Department of Health and Human Services the authority in the Certificate of Need process to analyze if a proposed project negatively affects the affordability and accessibility (no definitions) of health care services for all residents of the State. The bill would have also expanded the scope of review under Certificate of Need to require a review and analysis of the extent to which the applicant's ownership structure involves a private equity company or real estate investment trust.

Sarah Calder [testified](#) in opposition to the legislation and shared that adding an undefined affordability standard risks prioritizing short-term price controls over long-term viability and access.

**LD 2197, "An Act to Prohibit the Sale and Leaseback of a Health Care Entity's Main Campus to a Real Estate Investment Trust as Recommended by 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. Kristi Matheison – Recommendation from 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)**

**MaineHealth Position: No Position**

The Health Coverage, Insurance and Financial Services Committee voted against legislation that would have prohibited the Department of Health and Human Services from licensing a health care entity that enters into any arrangement with a real estate investment trust for the sale and leaseback of the health care entity's main campus or primary location to the real estate investment trust.

**LD 2198, "An Act to Implement Certain Recommendations Related to the Ratio of Debt to Equity in Transactions Involving Health Care Entities from 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. Kristi Matheison – Recommendation from 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)**

**MaineHealth Position: No Position**

The Health Coverage, Insurance and Financial Services Committee voted against legislation that would have prohibited any transaction with a health care entity in which the ratio of debt to equity for the health care entity exceeds 50%.

**[LD 2199, “An Act to Prohibit Interference with the Professional Judgment and Clinical Decisions of Licensed Health Care Professionals as Recommended by 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. Kristi Matheison – Recommendation from 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)**

**MaineHealth Position: Opposed**

The Health Coverage, Insurance and Financial Services Committee voted against legislation that would have prohibited a person from directly or indirectly interfering with or controlling the professional judgement or clinical decision making of a licensed health care professional with independent practice authority. The conduct prohibited included directly or indirectly controlling, among other things, the decisions involving the appropriate diagnostic test, where a patient should be placed upon discharge, and the time period within which a patient must be discharged.

Sarah Calder [testified](#) in opposition to this legislation and shared that MaineHealth fully supports protecting the professional judgment and clinical autonomy of licensed health care professionals, but there must be systems in place to ensure quality of care, including appropriate clinical decision-making, and MaineHealth has legal and ethical obligations to monitor performance, track quality metrics, and ensure patients receive timely and appropriate care. She shared that LD 2199 is overly broad and could undermine quality oversight, care coordination, and patient outcomes.

**[LD 2208, “An Act to Offset Federal Cuts to Health Insurance for Certain Maine Families and Seniors”](#)**

**(Speaker Ryan Fecteau)**

**MaineHealth Position: Supported**

The Legislature failed to fund legislation that would have created the Rural Health Stabilization Fund and directed \$50 million in one-time funding to support the Department of Health and Human Services’ Rural Health Transformation Program initiatives. As a condition of accepting grant funding from this Fund, a hospital or health system would have been required to comply with price and growth caps similar to those imposed by LD 2196. The bill would also have created a Health Care Premium Stabilization Fund to provide \$17.3 million in one-time funding to establish a state subsidy to offset the expiration of the enhanced premium tax credits. It also would have provided \$105 million to establish the MaineCare Federal Response Fund in the event of reductions in federal contributions, and it would have provided \$40 million to the Maine Guaranteed Access Reinsurance Association.

Sarah Calder [testified](#) in support of LD 2208, prior to the amendment that tied hospital grant funding to compliance with price and growth caps, noting that the original bill protects Maine patients from the destabilizing effects of federal policy changes.

## **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 2196, “An Act to Lower Health Insurance Costs, Reduce Barriers to Health Care and Ensure Fair Prices for Health Care”**

**(Rep. Drew Gattine)**

**MaineHealth Position: Strongly Opposed**

When the Legislature adjourned, LD 2196 died on the House Calendar.

The significantly amended version of LD 2196 would have imposed annual growth caps on all hospitals in Maine for certain insurance markets including individual and small group plans and the State Employee Health Plan. The Maine Office of Affordable Health Care estimated that LD 2196 would have reduced commercial reimbursement to all Maine hospitals by approximately \$227 million over the next five years.

Andy Mueller [testified](#) in strong opposition to the legislation, which would have imposed arbitrary price caps on PPS hospitals and growth caps on all hospitals, resulting in a cut of over \$1 billion annually and the significant loss of access and thousands of jobs.

## Taxation Committee

### [LD 438, “An Act to Allow Municipalities to Limit Nonprofit Property Tax Exemptions”](#)

**(Rep. Benjamin Hymes)**

**MaineHealth Position: Opposed**

The Taxation Committee voted against legislation that would have provided municipalities the power to limit the amount of a property tax exemption provided to a nonprofit organization. The Committee voted against similar legislation last Session, [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 127, “An Act to Strengthen Legislative Oversight of Government Agencies and Programs by Reaffirming the Legislature's Access to Confidential Records”](#)

**(Sen. Craig Hickman)**

**MaineHealth Position: Opposed**

Due to complicated procedural moves used by House Leadership, the Legislature failed to pass legislation that would have allowed the Government Oversight Committee to have access to privileged and confidential information, including protected health information, during the conduct of a program evaluation.

MaineHealth joined a coalition that included, among others, the Maine Medical Association, the Maine Hospital Association, the Maine State Chamber of Commerce, and the Maine Children’s Alliance in opposing this legislation, which would have granted elected officials with access to this sensitive information with no accountability mechanism for the disclosure of confidential information.

### [LD 1822, “An Act to Enact the Maine Online Data Privacy Act”](#)

**(Rep. Amy Kuhn)**

**MaineHealth Position: Did Not Testify**

Facing significant opposition from business groups, including the Maine State Chamber of Commerce, the Legislature failed to advance a comprehensive consumer privacy bill. Last Session, the Legislature defeated LD 1088, which was considered the “industry” bill. 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 would have increased 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 have been 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 would have established a system to provide 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.

## 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 would have continued current funding for the Doctors for Maine's Future Scholarship Program.

Several Maine Track graduates and students [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 would have provided \$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.

## Judiciary Committee

### [LD 1911, "An Act to Automatically Seal Criminal History Record Information for Certain Crimes"](#)

(Sen. Rachel Talbot Ross)

#### **MaineHealth Position: No Position**

The Legislature failed to override the governor's veto of legislation that would have created a process for sealing conviction record information.

## Bills That Legislate Medicine

### 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 died on the House calendar pending reference to a legislative committee. LD 1281 was nearly identical to legislation introduced in the 131<sup>st</sup> Legislature 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 have allowed 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 2065, "An Act to Provide One-time Funds to Support the Construction of a Psychiatric Residential Treatment Facility for At-risk Youth"](#)

(Sen. Henry Ingwersen)

**MaineHealth Position: Supported**

Because funding was included in the governor's proposed supplemental budget, the Health and Human Services voted against legislation that would have provided \$1.1 million to finally establish a psychiatric residential treatment facility for youth.

Sarah Calder [testified](#) in support of this critically important funding and shared that it has been 8 years since secure residential treatment was identified as a need for our most

vulnerable youth and children who languish in the wrong setting or are sent thousands of miles away from Maine for treatment can't wait any longer for this desperately needed service.

**[LD 2125, "An Act to Sustain Access to Children's Residential Care Services"](#)**

**(Rep. Julia McCabe)**

**MaineHealth Position: Strongly Supported**

The Legislature failed to fund legislation that would have provided \$1 million in emergency funding to stabilize children's residential care providers at risk of closing or closing beds.

Dr. Roz Gerwin, child and adolescent psychiatrist at MaineHealth, [testified](#) in support of this legislation and shared that the loss of children's residential services has resulted in adolescents boarding in MaineHealth emergency departments and Spring Harbor Hospital. Her testimony detailed the story of an adolescent that has been living at Spring Harbor Hospital since October 3 because all of Maine's residential treatment providers have declined to accept her.

## **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 voted against legislation that would have, among other things, provided 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 have provided \$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 Legislature failed to pass legislation that would have repealed the 72-hour waiting period law that was passed by the 131<sup>st</sup> 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: Supported; Did Not Testify**

[Initiated Bill, Chapter 1](#) became law after receiving public approval in the November 2025 election and enacts the Red Flag law. The effective date of the law was December 18, 2025.

