



EXECUTIVE SUMMARY

The 2023 End of Session Report provides a snapshot of the key bills that the MaineHealth Government Affairs Team tracked and worked on during the First Session (or “long session”) of the 131st Maine Legislature. Since the Session began in January, we have tracked, analyzed, and weighed in on nearly 370 bills and amendments, including testifying on almost 70.

This Session was remarkable for many reasons, including that it was the first completely in-person session since the pandemic forced the Legislature to conduct its work virtually beginning in 2020. That pent-up demand resulted in a record number of bills – 2,019 bills – introduced. Given the overwhelming workload both for the Revisor’s Office and legislative committees, the Legislature adjourned on July 26, over a month after its statutory adjournment date, and a staggering 40 percent of the bills introduced were carried over to be addressed in the Second Session. Of those, 81 have been identified as priorities for MaineHealth, setting up next Session to be equally as challenging.

For the hospital community, this Session was dominated by working to defeat legislation that mandates inflexible nurse staffing ratios for hospitals and ambulatory surgical centers. Thanks to the incredible work of our nurses, hospital presidents, and Board members, we made huge strides in educating legislators about the perils of the bill. As a result, Democratic Leadership decided to carry the bill over to next year.

Finally, faced with another budget surplus, the Legislature made critical investments in the health care delivery system through a supplemental and two biennial budgets. Those investments included:

- \$25 million in one-time relief funds for hospitals
- \$25 million in one-time relief funds for nursing homes
- \$237 million in state and federal funds to support behavioral health, including \$166 million to increase payment rates to providers as a result of MaineCare’s rate reform process
- Over \$22 million as a placeholder for the anticipated rate increase for hospital inpatient reimbursement rates (DRGs)
- Almost \$22 million (with the federal match) for psychiatric inpatient units
- Nearly \$32 million in one-time relief funds for the EMS system
- An Extraordinary Circumstance Allowance to provide temporary targeted support to nursing facilities

- \$1 million for the Nurse Faculty Loan Repayment Program (adds eligibility for part-time faculty)
- \$1 million for the Doctors for Maine’s Future Scholarship Program
- \$2 million for the Maine Health Care Provider Loan Repayment Program.

The Government Affairs Team compiled the following overview of key bills addressed this Session that are relevant to MaineHealth and its local health systems. **Importantly, the Government Affairs Team will work with appropriate programs and care team members to implement legislation passed this Session.**

The Government Affairs Team would also like to thank those of you who analyzed legislation, crafted talking points, drafted testimony, and reached out to share MaineHealth’s concerns with legislators. Your involvement was instrumental in our success this Session, and our efforts to achieve our vision of “working together so our communities are the healthiest in America.”

The Legislative Session formally adjourned on March 30, 2023. Unless specifically noted below the effective date for all legislation passed into law during the First Regular Session was June 29, 2023. Laws passed during the First Regular Session are denoted by an asterisk*. Bills passed during the First Special Session become effective on October 25, 2023, unless otherwise specified.

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PUBLIC LAWS

Laws Related to Health Care Payment and Operations

Health and Human Services Committee

LD 35, “An Act to Establish Adult Protective Services Training Requirements for Professionals Mandated to Report Suspected Abuse, Neglect or Exploitation to Enhance Protection of Incapacitated and Dependent Adults”

(Sen. Marianne Moore)

MaineHealth Position: Did Not Testify

Requires Implementation

[Public Law, Chapter 36](#) requires professionals mandated to make reports of abuse, neglect, and exploitation of incapacitated and dependent adults to complete mandated reporter training once every four years.

LD 430, “Resolve, Directing the Department of Health and Human Services to Promote Translation and Interpretation Services in Health Care Settings”

(Rep. Colleen Madigan)

MaineHealth Position: Opposed as Originally Drafted

[Resolve, Chapter 106](#) directs the Department of Health and Human Services to partner with hospitals and health care provider associations to gather information regarding translation and interpretation services. It also directs the Department to create and deliver a public information campaign designed to promote the availability of these services, and report on its progress to the Health and Human Services Committee by February 2024.

Malvina Gregory, Director of Interpreter and Cross Cultural Services at MaineHealth, [testified](#) in opposition to the original bill, which would have mandated that hospitals provide discharge instructions, medication directions, and any other documentation that requires a patient’s signature to be translated to a language the patient understands.

LD 451, “An Act to Ensure Transparent and Accountable Temporary Nurse Agencies”

(Sen. Joe Baldacci)

MaineHealth Position: Support; Did Not Testify

[Public Law, Chapter 434](#) requires temporary nurse staffing agencies to submit annual reports to the Department of Health and Human Services detailing the total and average amounts charged to a health care facility, the wages and stipends paid, and the total number of employees placed.

The Maine Hospital Association [testified](#) in support of this legislation when it was before the Health and Human Services Committee.

LD 474, “An Act to Improve Collaboration Between Mandatory Reporters and Law Enforcement in the Investigation of Alleged Child Abuse and Neglect”

(Rep. Michele Meyer)

MaineHealth Position: Did Not Testify

Requires Implementation

[Public Law, Chapter 146](#) requires hospital staff (among other types of professionals) to disclose the same information provided to the Department of Health and Human Services in a mandated report to a law enforcement officer upon request of the law enforcement officer. The law also provides immunity for a person who made a report of suspected abuse or neglect who is participating in good faith in a law enforcement investigation or criminal justice proceeding related to suspected abuse or neglect.

LD 495, “An Act Regarding Investigations of Out-of-home Child Abuse and Neglect”

(Rep. Michele Meyer)

MaineHealth Position: Did Not Testify

[Public Law, Chapter 248](#) relocates provisions of the law regarding out-of-home child abuse and neglect and clarifies that the Office of Child and Family Services has the authority to investigate such reports. With respect to a child in a residential care facility, the law also requires that the Department of Health and Human Services’ childcare facility investigation team must initiate an investigation of a report within three business days if the report contains a high severity allegation.

LD 1104, “Resolve, to Amend the MaineCare Hospital Readmission Protocol”

(Rep. Jane Pringle)

MaineHealth Position: Support; MaineHealth-Sponsored Legislation

[Resolve, Chapter 77](#) directs the Department of Health and Human Services to review its MaineCare readmission rule that governs financial penalties levied on hospitals for patients who are readmitted to the hospital within 14 days of discharge. The review must focus on readmissions of patients who had previously left the hospital against medical advice, and readmissions of patients with substance use disorder, including patients with co-occurring substance use disorder and behavioral health disorders. The Department is required to submit its recommendations to the Health and Human Services Committee by January 2024.

Both Katie Fullam Harris and Dr. Ed Kimlin, Medical Director of Appeals & Denials Management, [testified](#) in support of this MaineHealth-sponsored legislation when it was before the Health and Human Services Committee. Katie shared the work that MaineHealth has undertaken to ensure that patients with substance use disorder have access to available treatment, while Dr. Kimlin provided information about the impact of the penalties.

LD 1474, “Resolve, Directing the Department of Health and Human Services to Expedite Reimbursement of Long-term Care Facilities”

(Sen. Trey Stewart)

MaineHealth Position: Did Not Testify

[Resolve, Chapter 121](#) requires the Department of Health and Human Services to update the MaineCare Benefits Manual to require the Department to reimburse nursing facilities and Private Non-Medical Institution Services, Appendix C providers at least 75 percent of their as-filed settlements within 90 days of receipt.

Health Coverage, Insurance and Financial Services Committee

LD 97, “An Act to Repeal the Hospital and Health Care Provider Cooperation Act”*

(Rep. Anne Perry)

MaineHealth Position: Oppose

[Public Law, Chapter 37](#) repeals the Hospital and Health Care Provider Cooperation Act, including the fee hospitals pay to the Department of Health and Human Services.

The Hospital and Health Care Provider Cooperation Act was a Certificate of Public Advantage law designed to give the State the power to determine that the benefits of certain hospital and health care provider transactions, such as mergers, outweigh the potential anti-trust concerns that would otherwise govern the legal transaction.

Katie Fullam Harris [testified](#) in opposition to this bill when it was before the Health Coverage, Insurance, and Financial Services Committee and shared that repealing the Act will simply eliminate a regulatory option that may prove very beneficial in the future design of Maine’s health care system and could have unintended negative consequences in the future.

LD 263, “An Act to Ensure Access to Family Planning Services”

(Rep. Melanie Sachs)

MaineHealth Position: Did Not Testify

[Public Law, Chapter 343](#) amends the Certificate of Need (CON) statute and stipulates that a project cannot be approved for a CON if it reduces access to family planning services or abortion services. It provides an exception in cases where the project is only financially feasible if obstetrical care services are closed or reduced or if access to other health care services will be substantially reduced if the project is not approved.

LD 267, “An Act to Require Private Insurance Coverage for Donor Breast Milk”

(Sen. Stacy Brenner)

MaineHealth Position: Support; Did Not Testify

[Public Law, Chapter 229](#) requires insurance carriers to provide coverage by January 1, 2024 for medically necessary donor breast milk, with similar eligibility requirements as TRICARE and MaineCare.

LD 1271, “An Act to Require a Disclaimer on Promotional Materials for Medicare, Medicaid and MaineCare Products by Private Entities”

(Sen. Ben Chipman)

MaineHealth Position: Did Not Testify

Requires Implementation

[Public Law, Chapter 243](#) requires a disclaimer on any advertisements, solicitation, informational brochure, mailer, or other promotional materials that use the terms “Medicare,” “Medicaid,” or “MaineCare,” if distributed by a person that sells or profits from the sale of any insurance product.

LD 1395, “An Act to Increase Transparency Regarding Certain Drug Pricing Programs”

(Sen. Mike Tipping)

MaineHealth Position: Opposed as Originally Drafted

Requires Implementation

[Public Law, Chapter 276](#) requires hospitals to submit to the Maine Health Data Organization (MHDO) their annual American Hospital Association 340B Good Stewardship reports, beginning in January 2024 for public reporting.

Brian Marden, Chief Pharmacy Officer for MaineHealth, [testified](#) in opposition to the original legislation, which would have required hospitals participating in the 340B program to provide an annual report to the MHDO with the total annual revenue from drugs purchased under the 340B program, drug data for the hospital, and contracting and vendor data.

LD 1602, “An Act to Implement the Recommendations of the Stakeholder Group Convened by the Emergency Medical Services' Board on Financial Health of Ambulance Services”

(Sen. Donna Bailey)

MaineHealth Position: Support; Did Not Testify

Requires Implementation

[Public Law, Chapter 468](#) requires insurance carriers to reimburse an ambulance service provider for nontransport services beginning Jan. 1, 2024. It also continues the requirement that carriers reimburse the ambulance service provider at the ambulance service provider's rate or 200% of the average of the Medicare rate for basic life support services and the Medicare rate for advanced life support services, whichever is less.

Judiciary Committee

[LD 196, “An Act to Implement the Recommendations of the Probate and Trust Law Advisory Commission for Amending the Maine Uniform Probate Code and Related Provisions of Law”*](#)

(Rep. Matt Moonen)

MaineHealth Position: Support

[Public Law, Chapter 4](#) delays the effective date of the statutes governing the confidentiality of proceedings for guardianships of adults, conservatorships and other protective arrangements to April 1, 2025, effective immediately.

Jim Bailinson, Corporate Counsel for MaineHealth, [testified](#) in support of this bill when it was before the Judiciary Committee and shared that the Probate Code changes have limited hospitals’ access to the court records of guardianship and similar probate proceedings, the existence of a guardianship, and the restrictions of power of a guardian. As a result, hospitals are not able to determine if a patient has the legal authority to act as their own decision maker, including regarding their discharge.

In addition to passing this legislation, the Judiciary Committee also agreed to send a letter to the Maine Probate and Trust Law Advisory Commission asking that they consider permanently exempting hospitals from this statute, and consider providing clarity with regards to the issue of surrogate decision-makers when they next make changes to the Probate Code.

Taxation Committee

[LD 68, “Resolve, Directing the Office of Tax Policy to Study the Impact of Exempting Certain Nonprofit Organizations from the Sales and Use Tax and the Service Provider Tax”](#)

(Rep. Melanie Sachs)

MaineHealth Position: Did Not Testify

[Resolve, Chapter 88](#) directs the Department of Administrative and Financial Services to study the legislative history of sales and service provider tax exemptions provided to qualifying nonprofit organizations and the impact of broadening the criteria to other nonprofit organizations. The Department must submit a report with its finding to the Taxation Committee by January 15, 2024.

Laws Related to Workforce

Labor and Housing Committee

LD 1756, “An Act to Protect Employee Freedom of Speech”

(Sen. Mattie Daughtry)

MaineHealth Position: Oppose; Did Not Testify

Requires Implementation

Public Law, Chapter 414 prohibits an employer from taking adverse action against an employee who declines to attend or participate in an employee-sponsored meeting that communicates the opinion of the employer about religious or political matters, including the decision to join a labor organization.

LD 1964, “An Act to Create the Maine Paid Family and Medical Leave Benefits Program”

(Sen. Mattie Daughtry)

MaineHealth Position: Oppose; Did Not Testify

Requires Implementation

Public Law, Chapter 412 creates and funds the necessary start-up costs for a Paid Family and Medical Leave Program. The Program provides eligible employees with 12 weeks of paid leave per year and the wage replacement varies based on income level. The ongoing costs of the program will be funded with a 1% payroll tax split by the employer and employee. Importantly, it allows employers to create a private equivalent benefit program. The employer cost of the payroll tax is expected to be over \$7 million to the MaineHealth system.

The Maine Hospital Association testified in opposition to the Paid Family and Medical Leave legislation when it was before the Labor and Housing Committee and asked for several amendments to make the legislation more reasonable; only modest changes were included in the bill approved by the Legislature.

Health and Human Services Committee

LD 1925, “An Act to Clarify and Improve the Laws Relating to the Background Check Center and the Maine Certified Nursing Assistant and Direct Care Worker Registry”

(Rep. Dan Shagoury)

MaineHealth Position: Did Not Testify

Requires Implementation

Public Law, Chapter 241 amends the law relating to the Maine Background Check Center (MBCC) and requires hospitals to use the MBCC. Among other things, it also allows the MBCC to add fingerprinting to its capabilities and access national criminal history backgrounds, and authorizes the portability of background checks.

Health Coverage, Insurance and Financial Services Committee

[LD 224, “An Act to Strengthen Maine's Health Care Workforce by Preventing Discrimination by Requiring Maintenance of Certification for Insurance Reimbursement”](#)

(Rep. Sam Zager)

MaineHealth Position: Oppose

[Public Law, Chapter 40](#) prohibits insurance carriers from requiring physicians to participate in a maintenance of certification program as a condition for reimbursement or to be considered in-network. The law includes a five-year sunset and will be repealed on April 1, 2029.

Sarah Calder submitted [written testimony](#) in opposition to this legislation when it was before the Health Coverage, Insurance and Financial Services Committee. She shared that patients in Maine should feel confident knowing that their physicians are committed to meeting rigorous continuing medical education standards and are keeping up-to date on advances in medical knowledge – in part, through maintenance of certification – regardless of where their provider practices.

Criminal Justice and Public Safety Committee

[LD 1119, “An Act to Clarify the Criminal Statutes with Regard to Assaults on Emergency Medical Services Persons”](#)

(Sen. Rick Bennett)

MaineHealth Position: Support; Maine Hospital Association-Sponsored Legislation

[Public Law, Chapter 455](#) clarifies that it is a felony to assault any health care worker in the Emergency Department. This was a unanimous recommendation of the Task Force to Study the Process for Bringing Criminal Cases in Situations of Violence Against Health Care Workers (formed by Resolve, Chapter 173), which met last summer and fall.

[Nancijean Goudy](#), [Miranda Chadbourne](#), and [Karissa Eide](#) testified on behalf of MaineHealth in support of this legislation when it was before the Criminal Justice and Public Safety Committee.

Innovation, Development, Economic Advancement and Business Committee

[LD 1169, “An Act to Amend the Laws Governing the Foreign Credentialing and Skills Recognition Revolving Loan Program”](#)

(Rep. Kristen Cloutier)

MaineHealth Position: Support; Did Not Testify

Administered by the Finance Authority of Maine (FAME), the Foreign Credentialing and Skills Recognition Revolving Loan Program was established in statute in 2019 to provide interest-free loans of up to \$700 to eligible immigrants who need assistance while awaiting federal employment authorization. According to FAME, only one loan has been issued since the

program's inception. [Public Law, Chapter 456](#) changes the Program to a grant program and increases the maximum distribution amount to \$1,000.

Laws that Legislate Medicine

Health and Human Services Committee

LD 228, “Resolve, to Require That Alcohol Misuse Be Disclosed as a Contributing Factor to Death on Death Certificates”

(Rep. Colleen Madigan)

MaineHealth Position: Did Not Testify

Requires Implementation

[Resolve, Chapter 105](#) directs the Department of Health and Human Services to amend the medical certification of the cause of death to include a check box to document if alcohol misuse contributed to the death of a person. It also requires the Department to develop an information campaign and training regarding the completion of medical certifications by eligible providers.

LD 757, “Resolve, to Review Telemonitoring and Certain Telehealth Services Reimbursed under MaineCare”

(Sen. Stacey Guerin)

MaineHealth Position: Support; Did Not Testify

[Resolve, Chapter 84](#) directs the Department of Health and Human Services to review its coverage of telemonitoring services reimbursable under the MaineCare program, including its policy of restricting access to telemonitoring to patients eligible for Section 40 home health services. It also directs the Department to review its MaineCare reimbursement policy for ultrasound procedures and fetal nonstress tests performed remotely in a residence or other off-site location through telehealth. The Department must submit its recommendations on both issues to the Health and Human Services Committee by January 2024.

LD 956, “An Act Concerning Sexual Orientation and Gender Identity Data Collection in Health Care Facilities”

(Rep. Ambureen Rana)

MaineHealth Position: Did Not Testify

Requires Implementation

[Public Law, Chapter 129](#) requires health care facilities to collect data related to a patient's sexual orientation and gender identity as part of the health care information collected upon intake and at any other time demographic information is collected, unless the patient declines. The sexual orientation and gender identity data required to be collected is the same as the data elements added by the Health Resources and Services Administration to the uniform data system.

Health Coverage, Insurance and Financial Services Committee

[LD 351, “An Act to Increase Access to Birth Control by Making Certain Contraception Available over the Counter”*](#)

(Sen. Eric Brakey)

MaineHealth Position: Support

Requires Implementation

[Public Law, Chapter 115](#) allows a pharmacist with certain requirements to prescribe, dispense, or administer a self-administered hormonal contraceptive or injectable hormonal contraceptive.

Chandler Blodgett, Ambulatory Care Services Manager at Pen Bay Medical Center, [testified](#) in support of this legislation when it was before the Health Coverage, Insurance and Financial Services Committee.

[LD 844, “An Act to Protect the Practice of Certain Cardiovascular Professionals”](#)

(Rep. Rebecca Millett)

MaineHealth Position: Did Not Testify

Requires Implementation

[Public Law, Chapter 100](#) exempts a credentialed cardiovascular technologist from licensure under the Medical Radiation Health and Safety Act when the cardiovascular technologist is performing certain activities and acting under the delegated authority and direct supervision of a physician while the physician is performing cardiac catheterization or electrophysiology procedures.

[LD 899, “An Act to Authorize Vaccine Administration by Pharmacy Technicians and Reduce Vaccine Administration Training Requirements for Pharmacists”](#)

(Rep. Bob Nutting)

MaineHealth Position: Support

Requires Implementation

[Public Law, Chapter 245](#) allows a pharmacy technician with certain qualifications and requirements to administer vaccines.

Tom Edge, Director of Retail Pharmacy Services at MaineHealth, [testified](#) in support this legislation when it was before the Health Coverage, Insurance and Financial Services Committee.

[LD 1736, “An Act to Advance the National HIV/AIDS Strategy in Maine by Broadening HIV Testing”](#)

(Rep. Laurie Osher)

MaineHealth Position: Opposed as Originally Drafted

Requires Implementation

[Public Law, Chapter 281](#) requires a health care provider to include, with the patient’s consent, an HIV test in the standard set of medical tests performed on a patient with a possible sexually transmitted disease or infection.

Sarah Calder submitted [testimony](#) on behalf of MaineHealth and Northern Light Health in opposition to the original bill, which would have required health care providers to offer an HIV test to any patient, 13 years or older, receiving care in a hospital or urgent care facility if the patient was not under the regular care of a primary care provider.

Judiciary Committee

[LD 535, “An Act Regarding Consent for Gender-affirming Hormone Therapy for Certain Minors”](#)

(Rep. Erin Sheehan)

MaineHealth Position: Did Not Testify

Requires Implementation

[Public Law, Chapter 413](#) allows a health care professional to provide gender-affirming hormone therapy without parental consent to minors who are at least 16 years old if several criteria are met.

[LD 1619, “An Act to Improve Maine's Reproductive Privacy Laws”](#)

(Speaker Rachel Talbot Ross – Governor’s Bill)

MaineHealth Position: Support

Requires Implementation

[Public Law, Chapter 416](#) updates the physician reporting requirements regarding abortions. It further allows a physician to perform an abortion after viability only when it is necessary in their professional judgement and within the standard of care.

Katie Fullam Harris submitted written [testimony](#) in support of this bill when it was before the Judiciary Committee.

Laws Related to Behavioral Health

Health and Human Services Committee

LD 181, “Resolve, Requiring Progress Reports from the Department of Health and Human Services Regarding the Implementation of Secure Children's Psychiatric Residential Treatment Facility Services”

(Sen. Russell Black)

MaineHealth Position: Support; MaineHealth-Sponsored Legislation

[Resolve, Chapter 78](#) directs the Department of Health and Human Services to report to the Health and Human Services Committee by January 2024 its progress in establishing increased rates for secure children’s psychiatric residential treatment facilities and report by July 2024 its progress in implementing the service.

[Danielle Loring](#), Director of Intensive Services with the Maine Behavioral Healthcare Emergency Department Crisis Program, and [Dr. Robyn Ostrander](#), Division Medical Director of Child & Adolescent Psychiatry at Maine Medical Center, testified in support of this legislation when it was before the Health and Human Services Committee.

LD 231, “An Act to Support the Maine Pediatric and Behavioral Health Partnership Program”

(Rep. Dan Shagoury)

MaineHealth Position: Support; Did Not Testify

[Public Law, Chapter 339](#) provides state funding for the Maine Pediatric and Behavioral Health Partnership Program, operated by the Department of Health and Human Services, MaineHealth, and Northern Light Health should federal funding for the program expire later this year.

LD 979, “Resolve, to Establish a Pilot Project to Provide Transportation to Medically Managed Withdrawal Sites”

(Rep. Lydia Crafts)

MaineHealth Position: Did Not Testify

[Public Law, Chapter 111](#) provides one-time funding for the Department of Health and Human Services to contract with 3rd parties for a one-year pilot program to provide transportation from certified hypodermic apparatus exchange programs to medically managed withdrawal sites.

LD 1003, “Resolve, to Develop a So-called No Eject, No Reject Policy to Support Children Receiving Behavioral Health Services and Individuals with Intellectual Disabilities or Autism”

(Rep. Anne Graham)

MaineHealth Position: Support; MaineHealth-Sponsored Legislation

[Resolve, Chapter 60](#) directs the Department of Health and Human Services to convene stakeholders to develop a “no eject, no reject” policy for children’s residential providers and residential providers that serve individuals with intellectual disabilities or autism and report its

proposal to the Health and Human Services Committee by January 2024. This is similar to current requirements for adult residential treatment providers.

[Kelly Barton](#), President of Maine Behavioral Healthcare, and [Christina Costello](#), Nursing Director of Emergency Services for Southern Maine Health Care, testified in support of the original bill when it was before the Health and Human Services Committee. As originally drafted, the bill would have also required the Department to provide crisis and respite services for patients with intellectual disabilities or autism in hospital Emergency Departments and establish a crisis system to meet the needs of children with behavioral health needs.

LD 1439, “An Act to Promote Family-centered Interventions for Substance Use Disorder Treatment”

(Rep. Colleen Madigan)

**MaineHealth Position: Opposed as Originally Drafted
Requires Implementation**

[Public Law, Chapter 463](#) requires hospitals to post signage developed by the Department of Health and Human Services that includes information about the Overdose Prevention Through Intensive Outreach Naloxone and Safety (OPTIONS) initiative.

Katie Fullam Harris [testified](#) in opposition to the original legislation, which would have required hospitals to provide an intervention at the request of a friend or family member of a hospitalized individual with substance use disorder.

Education and Cultural Affairs Committee

LD 1309, “An Act to Clarify Requirements for Payment of Tuition for Children with Disabilities by the Department of Education’s Child Development Services System”

(Rep. Drew Gattine)

MaineHealth Position: Support

[Public Law, Chapter 412](#) provides \$15 million for Maine Child Development Services (CDS) to make “bridge” payments to maintain education programming at special purpose private preschools. It also directs the Maine Department of Education to establish daily tuition rates for the educational services provided by special purpose private preschools no later than the start of the 2024-2025 school year. The Glickman Lauder Center of Excellence in Autism and Developmental Disorders Preschool and Early Intervention Program is expected to receive approximately \$550,000 for the 2024-2025 school year.

Dr. Matthew Siegel, Vice President of Medical Affairs of Maine Behavioral Healthcare, [testified](#) before the Education and Cultural Affairs Committee in strong support of pairing education funding from CDS with MaineCare funding for children five years old or younger with special needs. Dr. Siegel shared that the Glickman Lauder Center of Excellence in Autism and Developmental Disorders Preschool and Early Intervention Program has 57 children on a waitlist and lost over \$500,000 over the past two fiscal years.

Laws Related to Public Health

Health and Human Services Committee

[LD 982, “An Act to Allow the Disclosure of Death Certificate Data to Hospitals and Health Care Practitioners”](#)

(Sen. Joe Baldacci)

MaineHealth Position: Support

Requires Implementation

[Public Law, Chapter 110](#) makes death certificate data available to hospitals upon request.

Sarah Calder [testified](#) in support of this legislation when it was before the Health and Human Services Committee and shared that MaineHealth has undertaken a Zero Suicide platform, which is a national quality-improvement suicide prevention model. Because we have not been able to access the death certificates of our patients who have died by suicide, we are challenged in calculating our baseline rate and analyzing if the quality-improvement strategies have been effective.

[LD 1745, “An Act to Support Public Health by Clarifying Authorized Activities Regarding Drug Checking”](#)

(Rep. Raegan LaRoche)

MaineHealth Position: Support

Requires Implementation

[Public Law, Chapter 303](#) allows a person to possess, receive, transport, or store drug samples for the purpose of testing or drug checking.

Dr. Kinna Thakrar, an infectious disease and addiction medicine physician researcher at MaineHealth, [testified](#) in support of this legislation, which would allow Project DHARMA (Distribution of Harm Reduction Access in Rural Maine Areas) to implement drug checking.

Laws that Form Study Committees

Health and Human Services Committee

[LD 976, “Resolve, to Establish the Task Force on Accessibility to Appropriate Communication Methods for Deaf and Hard-of-hearing Patients”](#)

(Rep. Jan Dodge)

MaineHealth Position: Support

[Resolve, Chapter 97](#) establishes the Task Force on Accessibility to Appropriate Communication Methods for Deaf and Hard-of-hearing Patients to study accessibility to appropriate communication methods for deaf and hard-of-hearing patients in health care settings and how that accessibility may be improved. The Task Force must report its recommendations to the Health and Human Services Committee by December 2023.

Malvina Gregory, Director of Interpreter and Cross Cultural Services at MaineHealth, [testified](#) in support of this legislation when it was before the Health and Human Services Committee. She shared that MaineHealth Interpreter & Cross-Cultural Services is proud to sponsor and support one of just two Deaf and Hard-of-Hearing Patient and Family Advisory Councils in the United States and that Council Members share that communication barriers lead to delayed treatment and, ultimately, worsened health outcomes within their communities.

Health Coverage, Insurance and Financial Services Committee

[LD 937, “Resolve, to Establish the Commission Regarding Foreign-trained Physicians Living in Maine”](#)

(Rep. Kristen Cloutier)

MaineHealth Position: Support

[Resolve, Chapter 93](#) establishes a commission to study integrating foreign-trained physicians into the health care workforce, with a focus on those who are in Maine as refugees and asylum seekers. MaineHealth will work to secure a position on the Commission.

Sarah Calder [testified](#) in support of this legislation when it was before the Health Coverage, Insurance and Financial Services Committee.

[LD 1795, “An Act to Create Greater Transparency for Facility Fees Charged by Health Care Providers and to Establish the Task Force to Evaluate the Impact of Facility Fees on Patients”](#)

(Senate President Troy Jackson)

[LD 1533, “An Act to Provide for Consistent Billing Practices by Health Care Providers”](#)

(Rep. Josh Morris)

MaineHealth Position: Strongly Opposed as Originally Drafted

[Public Law, Chapter 410](#) forms the Task Force to Evaluate the Impact of Facility Fees on Patients to review hospital price transparency requirements and the practice of charging facility fees. It also requires the Maine Health Data Organization (MHDO) to report annually on facility fees through its database beginning January 2024. MaineHealth will work to secure a position on the Task Force.

The Health Coverage, Insurance and Financial Services Committee voted to carry over a similar bill, LD 1533.

Katie Fullam Harris [testified](#) in strong opposition to LD 1795, as originally drafted, and [LD 1533](#) when they were before the Committee and shared that these bills attempt to address the cost of health care solely by paying providers less and could have a potential impact of more than \$50 million annually to MaineHealth.

Innovation, Development, Economic Advancement and Business Committee

[LD 1198, “Resolve, Directing the Commissioner of Economic and Community Development to Convene an Advisory Council to Improve the State's 10-year Economic Development Strategy”](#)

(Rep. Sawin Millett)

MaineHealth Position: Support

[Resolve, Chapter 68](#) directs the Commissioner of Economic and Community Development to update the State’s 10-year Economic Development Strategy and forms an Economic Development Strategy Advisory Council to assist in the work of updating the strategy. The Council membership includes a representative who provides health care services.

Sarah Calder [testified](#) in support of this legislation when it was before the Innovation, Development, Economic Advancement and Business Committee.

Criminal Justice and Public Safety Committee

[LD 244, “Resolve, Directing Maine Emergency Medical Services to Convene a Stakeholder Group to Explore Emergency Medical Services Career Pathways and Educational Opportunities in the State”](#)

(Sen. Chip Curry)

MaineHealth Position: Support; Did Not Testify

[Resolve, Chapter 15](#) directs Maine Emergency Medical Services to convene a stakeholder group to explore career pathways and educational opportunities for emergency medical services providers, and report its recommendations to the Criminal Justice and Public Safety Committee by January 15, 2024.

[LD 1364, “Resolve, to Study Methods of Preventing Opioid Overdose Deaths by Authorizing Harm Reduction Health Centers”](#)

(Rep. Grayson Lookner)

MaineHealth Position: Did Not Testify

[Resolve, Chapter 120](#) directs the Governor’s Office of Policy and Innovation and the Future to convene a working group to study methods of preventing opioid overdose deaths by authorizing harm reduction health centers. The Working Group must submit its recommendations to the Criminal Justice and Public Safety Committee by February 15, 2025.

LD 1701, “Resolve, to Reestablish and Continue the Work of the Blue Ribbon Commission to Study Emergency Medical Services in the State”

(Speaker Rachel Talbot Ross)

MaineHealth Position: Support

[Resolve, Chapter 99](#) reestablishes the Blue Ribbon Commission to Study Emergency Medical Services in the State to examine and make recommendations on the structure, support, and delivery of emergency medical services.

Sarah Calder [testified](#) in support of this legislation when it was before the Criminal Justice and Public Safety Committee.

Education and Cultural Affairs Committee

LD 129, “Resolve, to Direct the University of Maine System to Study the Feasibility of Establishing a Public Allopathic Medical School in Penobscot County”

(Sen. Joe Baldacci)

MaineHealth Position: Neither For Nor Against

[Resolve, Chapter 114](#) directs the University of Maine to conduct a study to evaluate the feasibility of establishing a medical school in Penobscot County. The report must be submitted to the Legislature by November 2025.

Sarah Calder [testified](#) Neither For Nor Against this legislation when it was before the Education and Cultural Affairs Committee and shared that while Maine does not have a state-sponsored medical school, we do have a very successful Maine-based program, the Tufts University School of Medicine – Maine Medical Center Maine Track Program.

CARRIED OVER LEGISLATION

**Legislation that received approval to be carried over until next Session will be considered when the Legislature returns in January.*

Bills Related to Health Care Payment and Operations

Health and Human Services Committee

LD 223, “Resolve, Directing the Department of Health and Human Services to Amend MaineCare Rules Regarding Pharmacy Services”

(Rep. Sam Zager)

MaineHealth Position: Support

Prior to adjourning, the Legislature failed to fund legislation that would allow for MaineCare reimbursement of a pharmacist providing medication evaluation or consultation (in-person or via telehealth) to a home health patient. The bill remains on the Special Appropriations Table to be considered when the Legislature returns next Session.

Sarah Sawyer, Clinical Pharmacist at MaineHealth, [testified](#) in support of this legislation when it was before the Health and Human Services Committee and shared that providing reimbursement would support efforts to expand pharmacist medication review and consultation to more patients in Maine, especially in rural, underserved areas.

LD 225, “An Act Regarding Reimbursement to Hospitals for Patients Awaiting Placement in Nursing Facilities”

(Rep. Anne Perry)

MaineHealth Position: Support; Maine Hospital Association-Sponsored Legislation

Prior to adjourning, the Legislature failed to fund Maine Hospital Association-sponsored legislation that would continue funding for the current MaineCare Days Awaiting Placement reimbursement for MaineCare-eligible patients awaiting a nursing facility placement. The bill remains on the Special Appropriations Table to be considered when the Legislature returns next session. **It is important to note that the current funding is repealed on December 31, 2023.**

Sarah Calder [testified](#) in support of the legislation when it was before the Health and Human Services Committee and shared that due to the crisis impacting post-acute care facilities, Maine Medical Center’s discharges to residential care, whether that be to a nursing home, skilled nursing facility, or residential facility, have been reduced by 69% since 2019.

LD 821, “Resolve, to Improve Access to Neurobehavioral Services”

(Rep. Michael Lemelin)

MaineHealth Position: Support

The Health and Human Services Committee carried over legislation that by September 2024 requires the Department of Health and Human Services to provide 16 new neurobehavioral beds in one or more neurobehavioral centers to serve individuals with significant behavioral challenges and complex medical needs who need short-term treatment before transitioning to a long-term care environment.

Sarah Calder [testified](#) in support of this legislation when it was before the Committee and shared that the 129th Legislature supported similar legislation and directed the Department to develop a plan to provide 16 new neurobehavioral beds in the State, but the plan was never developed or presented to the Health and Human Services Committee.

LD 938, “An Act to Assist Nursing Homes in the Management of Facility Beds”

(Rep. Anne Perry)

MaineHealth Position: Did Not Testify

Prior to adjourning, the Legislature failed to fund legislation that restores the ability of nursing facilities to “bank beds” or to voluntarily reduce the number of their licensed beds and then later increase that number to the prior level after obtaining a certificate of need and meeting certain conditions. The bill also requires the Department of Health and Human Services to reimburse nursing facilities for the cost of a medical director (currently capped at \$10,000). The bill remains on the Special Appropriations Table to be considered when the Legislature returns next session.

LD 1827, “An Act to Prevent Closures and Ensure Sustainability of Nursing Facilities, Private Nonmedical Institutions and Residential Care Facilities by Removing So-called Budget Neutrality”

(Senate President Troy Jackson)

MaineHealth Position: Support

The Health and Human Services Committee carried over legislation that would eliminate in statute the so-called MaineCare “Budget Neutrality” provisions for nursing facilities, which provide that costs must be fully offset by reductions in MaineCare spending relating to nursing facilities, residential care facilities or private nonmedical institutions.

Katie Fullam Harris [testified](#) in strong support of this legislation when it was before the Committee and shared that 57 patients at MaineHealth hospitals were waiting for a nursing home bed, and that regulatory barriers, like budget neutrality, are a significant barrier to a functional long-term care system that meets the needs of Maine’s population.

LD 1955, “An Act to Require Hospitals and Hospital-affiliated Providers to Provide Financial Assistance for Medical Care”

(Speaker Rachel Talbot Ross)

MaineHealth Position: Did Not Testify

Without first holding a public hearing, the Health and Human Services Committee agreed to carry over legislation, which makes several significant changes to current requirements governing hospital free care and financial assistance programs.

Health Coverage, Insurance and Financial Services Committee

LD 796, “An Act Concerning Prior Authorizations for Health Care Provider Services”

(Rep. Jane Pringle)

MaineHealth Position: Support; Did Not Testify

The Health Coverage, Insurance and Financial Services Committee carried over Maine Medical Association-sponsored legislation that provides for a more streamlined process for utilization review of commercial insurance claims. The legislation is modeled after legislation introduced in North Carolina.

LD 1407, “An Act to Amend the Maine Insurance Code Regarding Payments by Health Insurance Carriers to Providers”

(Rep. Anne-Marie Mastraccio)

MaineHealth Position: Support; Maine Hospital Association-Sponsored Legislation

The Health Coverage, Insurance and Financial Services Committee carried over Maine Hospital Association-sponsored legislation that provides protections to providers from unilateral mid-contract policy changes that have a material financial impact.

Both [Katie Fullam Harris](#) and [Dr. Ed Kimlin](#) testified in strong support of this legislation when it was before the Committee.

LD 1498, “An Act to Create an Advocacy and Complaint Process for Health Care Providers Within the Bureau of Insurance”

(Rep. Anne Perry)

MaineHealth Position: Support

The Health Coverage, Insurance and Financial Services Committee carried over legislation that would create a Health Care Provider Assistance Division within the Bureau of Insurance, which would be tasked with addressing provider concerns that may have a market-wide impact, like credentialing delays or contract negotiation challenges.

Katie Fullam Harris [testified](#) in support of this bill when it was before the Committee.

Criminal Justice and Public Safety Committee

LD 1705, “An Act to Give Consumers Control over Sensitive Personal Data by Requiring Consumer Consent Prior to Collection of Data”

(Rep. Maggie O’Neil)

MaineHealth Position: Did Not Testify

The Criminal Justice and Public Safety Committee carried over legislation that requires private entities to: (1) receive affirmative consent before collecting or storing biometric identifiers; (2) make available a public written policy with a retention schedule and guidelines for permanently destroying biometric identifiers, and; (3) disclose to an individual upon request any biometric identifier associated with that individual. It also allows an individual to bring a civil action against an offending private entity.

Innovation, Development, Economic Advancement and Business Committee

LD 1815, “An Act to Protect Maine’s Consumers by Establishing an Abuse of Dominance Right of Action and Requiring Notification of Mergers”

(Rep. Rebecca Millett)

MaineHealth Position: Did Not Testify

Without first holding a public hearing, the Innovation, Development, Economic Advancement and Business Committee voted to carry over legislation that establishes a right of action against a person with a dominant position that abuses that dominant position. It also requires notification to the Attorney General of a merger and it increases the cap on monetary penalties from \$100,000 to \$250,000 for violations of provisions of law relating to antimonopoly provisions. It also clarifies that the State may recover equitable monetary relief in proceedings related to antitrust violations.

Judiciary Committee

LD 1902, “An Act to Protect Personal Health Data”

(Rep. Maggie O’Neil)

MaineHealth Position: Did Not Testify

The Judiciary Committee carried over legislation that seeks to define obligations of regulated entities, including hospitals, that collect, use, and share consumer health data. Importantly, the act exempts protected health information collected, used, or disclosed in accordance with HIPAA.

[LD 1977, “An Act to Create the Data Privacy and Protection Act”](#)

(Rep. Maggie O’Neil)

MaineHealth Position: Did Not Testify

Without first holding a public hearing, the Judiciary Committee agreed to carry over sweeping legislation that governs the collection, processing and transfer of personal data, including biometric data, and seeks to regulate policies for data privacy.

Bills Related to Workforce

Labor and Housing Committee

[LD 513, “An Act Regarding Overtime Protections for Certain Maine Workers”](#)

(Sen. Mike Tipping)

MaineHealth Position: Oppose; Did Not Testify

The Labor and Housing Committee agreed to carry over legislation that increases Maine’s salary threshold below which overtime must be paid to approximately \$65,000. If enacted, this will result in an approximately \$4.9 million impact to MaineHealth.

[LD 1190, “An Act to Require Minimum Pay for Reporting to Work”](#)

(Sen. Mike Tipping)

MaineHealth Position: Opposed as Originally Drafted; Did Not Testify

Prior to adjourning, the Legislature failed to fund legislation that would require employers to pay employees for two hours of pay if the employer cancels or reduces the number of hours in the employee’s scheduled shift, unless the employer makes a good faith effort to notify the employee not to report to work. The bill remains on the Special Appropriations Table to be considered when the Legislature returns next session.

The Maine Hospital Association [testified](#) in opposition to the original bill, which would have required employers with 250 or more employees to provide hourly employees with at least 2 weeks’ notice of the employees’ work schedules, and compensation for schedule changes.

[LD 1639, “An Act to Address Unsafe Staffing of Nurses and Improve Patient Care”](#)

(Sen. Stacy Brenner)

MaineHealth Position: Strongly Oppose

Legislation that would mandate rigid nurse-to-patient ratios in Maine’s hospitals was carried over to next Session.

The arbitrary ratios included in the legislation must be complied with at all times and do not take into account the experience of the nurse, the patient’s acuity, or the size of the hospital. The bill also prohibits the use of technology that could improve efficiency and patient safety, prohibits layoffs of ancillary staff to meet the ratios, and prohibits mandatory overtime. Facilities not in compliance would be subject to fines of \$10,000 per unit per nursing shift, and nurses, individually, can be fined \$25,000 per nursing shift for interference with the proposed law. The amended bill also exempts the two state-run psychiatric hospitals, Riverview and Dorothea Dix.

Over 15 MaineHealth nurses [testified](#) in opposition to the bill when it was before the Labor and Housing Committee.

Innovation, Development, Economic Advancement and Business Committee

[LD 632, “An Act to Amend the Social Work Education Loan Repayment Program”](#)

(Rep. Lydia Crafts)

MaineHealth Position: Support

Prior to adjourning, the Legislature failed to fund legislation that provides funding to repay up to \$20,000 in loans for up to 25 eligible applicants under the Social Work Education Loan Repayment Program. The bill remains on the Special Appropriations Table to be considered when the Legislature returns next session.

Sarah Calder [testified](#) in support of this legislation when it was before the Innovation, Development, Economic Advancement and Business Committee and shared that this legislation is one tool we can use to recruit and retain licensed clinical social workers to stay and practice in Maine and increase access to behavioral health services.

[LD 1797, “An Act to Expand Maine’s Health Care Workforce by Expanding Educational Opportunities”](#)

(Senate President Troy Jackson)

MaineHealth Position: Support; Maine Hospital Association-Sponsored Legislation

Prior to adjourning, the Legislature failed to fund Maine Hospital Association-sponsored legislation that makes critical investments to increase the pipeline of future health care workers, in particular nurses and physicians. The legislation provides:

- \$1 million for the Doctors for Maine’s Future Scholarship Program
- \$1 million for the Nurse Faculty Loan Repayment Program, and makes part-time faculty eligible for the Program
- \$2 million for the Maine Health Care Provider Loan Repayment Program
- \$2.5 million each year of the biennium for clinical placements for 3rd and 4th year medical students, rural residency placements, and rural clinical preceptorships.

The bill remains on the Special Appropriations Table to be considered when the Legislature returns next session.

Sarah Calder [testified](#) in support of this legislation when it was before the Innovation, Development, Economic Advancement and Business Committee and shared that MaineHealth is currently recruiting for over 2,900 positions, in addition to over 55 physicians and 70 advanced practice providers. Of those 2,900 openings, over 800 are nursing positions.

Health Coverage, Insurance and Financial Services Committee

[LD 1506, “Resolve, Directing the Department of Health and Human Services to Study the Scarcity of Licensed Clinical Behavioral Health Professionals Across the State”](#)

(Rep. Holly Sargent)

MaineHealth Position: Support

Prior to adjourning, the Legislature failed to fund legislation that directs the Department of Health and Human Services to convene a stakeholder group to study issues related to the training and recruitment of clinical behavioral health care professionals, including the number of additional professionals that are needed to meet the current unmet need in the state. The bill remains on the Special Appropriations Table to be considered when the Legislature returns next session.

Sarah Calder [testified](#) in support of this legislation when it was before the Health Coverage, Insurance and Financial Services Committee and shared that MaineHealth is currently recruiting for over 60 social workers. These positions are open, on average, for 191 days or over half a year before a candidate is hired.

Bills that Legislate Medicine

Health and Human Services Committee

[LD 1205, “An Act Regarding the Scope of Practice of Certified Professional Midwives and Certified Midwives”](#)

(Rep. Michele Meyer)

MaineHealth Position: Support; MaineHealth-Sponsored Legislation

Without first holding a public hearing, the Health Coverage, Insurance and Financial Services Committee agreed to carry over MaineHealth-sponsored legislation that requires the Board of Complementary Health Care Providers to revise its rules to conform with the standards of care that are included in Maine’s law governing the scope of practice for certified professional midwives and certified midwives. The Committee also sent a letter to the Office of Professional and Occupational Regulation requesting that they convene interested stakeholders to reach a compromise on legislative language before the start of next Session.

[LD 1360, “An Act Requiring Training Regarding and Screening for Adverse Childhood Experiences”](#)

(Rep. Lori Gramlich)

MaineHealth Position: Did Not Testify

The Legislature agreed to carry over legislation that establishes a pilot project for training and screening for adverse childhood experiences, despite only two members of the Health and Human Services Committee supporting the amended legislation.

[LD 1858, “An Act to Ensure Access to Newly Born Male Infant Circumcision by Requiring MaineCare Coverage”](#)

(Rep. Kelly Noonan Murphy)

MaineHealth Position: Support; MaineHealth-Sponsored Legislation

Prior to adjourning, the Legislature failed to fund legislation that would require MaineCare coverage of male newborn circumcision beginning July 1, 2024. The bill remains on the Special Appropriations Table to be considered when the Legislature returns next session.

Dr. David Chalmers, pediatric urologist at Maine Medical Center, [testified](#) in strong support of this legislation when it was before the Health and Human Services Committee.

Judiciary Committee

[LD 1735, “An Act to Safeguard Gender-affirming Health Care”](#)

(Rep. Laurie Osher)

MaineHealth Position: Did Not Testify

The Judiciary Committee carried over legislation that, among other things, prohibits law enforcement agencies from cooperating with or providing information to any individual or out-of-state agency or department regarding the provision of lawful gender-affirming health care or gender-affirming mental health care performed in Maine.

Bills Related to Behavioral Health

Health and Human Services Committee

[LD 445, “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: Support

Prior to adjourning, the Legislature failed to fund legislation that directs the Department of Health and Human Services to apply to the Centers for Medicare and Medicaid Services (CMS) for a waiver to the regulation that prohibits Medicaid from supporting the care of individuals with mental illness provided in facilities with more than 16 beds. The bill remains on the Special Appropriations Table to be considered when the Legislature returns next session, but the

Appropriations Committee requested that the Department send a letter to CMS asking if they would favorably view this waiver request before the Committee agrees to fund the legislation.

Katie Fullam Harris submitted written [testimony](#) in support of this legislation when it was before the Health and Human Services Committee and shared that a waiver to the sixteen-bed threshold could provide an important incentive to entities that operate secure psychiatric residential services to develop one or more here in Maine, building much needed capacity along our care continuum.

LD 619, “An Act to Ensure Coordination of Care for MaineCare Members”

(Rep. Colleen Madigan)

MaineHealth Position: Support

The Health and Human Services Committee agreed to carry over legislation that provides reimbursement for several ancillary health care services that are not currently reimbursed by MaineCare, including Peer Support and representative payee services.

Sarah Calder [testified](#) in support of this legislation when it was before the Committee and shared that to provide Peer Support to clients not served by a Behavioral Health Home or Opioid Health Home, Maine Behavioral Healthcare is completely reliant on grant funding, which is time-limited, often specific in scope and reach, and is not a sustainable funding source.

LD 840, “An Act to Support Individuals with Personality Disorder or Emotional Dysregulation by Requiring Reimbursement Under the MaineCare Program”

(Rep. Colleen Madigan)

MaineHealth Position: Support; MaineHealth-Sponsored Legislation

Prior to adjourning, the Legislature failed to fund MaineHealth-sponsored legislation that would create a bundled MaineCare rate to support intensive treatment for individuals with a diagnosed personality disorder or emotional dysregulation. The bill remains on the Special Appropriations Table to be considered when the Legislature returns next session.

Maria Hadjiyane, Chief Operating Officer at Maine Behavioral Healthcare (MBH), [testified](#) in support of this legislation when it was before the Health and Human Services Committee and shared that a bundled rate would allow MBH to recreate a similar model of care as the ACTION program, which ended in 2019, and was very successful in reducing unnecessary hospitalizations of individuals with a diagnosed personality disorder or emotional dysregulation.

LD 907, “An Act to Meet the Needs of Individuals with Severe Behavioral Health Diagnoses”

(Rep. Holly Stover)

MaineHealth Position: Support; MaineHealth-Sponsored Legislation

Prior to adjourning, the Legislature failed to fund legislation that appropriates \$100,000 each year to the Department of Health and Human Services to respond to a provider’s reasonable request for additional supports, like additional staffing, to care for individuals with high behavioral health needs. The bill remains on the Special Appropriations Table to be considered when the Legislature returns next session.

Sarah Calder [testified](#) in support of this legislation when it was before the Health and Human Services Committee and shared that there are times when providers need additional supports beyond what is provided for in the MaineCare Benefits Manual to safely care for clients with challenging behaviors.

[LD 1178, “Resolve, to Reduce Barriers to Recovery from Addiction by Expanding Eligibility for Targeted Case Management Services”](#)

(Rep. Colleen Madigan)

MaineHealth Position: Support

Prior to adjourning, the Legislature failed to fund legislation that expands Targeted Case Management to all MaineCare clients seeking Substance Use Disorder treatment. The bill remains on the Special Appropriations Table to be considered when the Legislature returns next session.

Sarah Calder [testified](#) in support of this legislation when it was before the Health and Human Services Committee and shared that case management can improve the connection someone has to their health care providers and reduce the use of emergency medical and behavioral health services.

[LD 2009, “An Act to Prevent Abandonment of Children and Adults with Disabilities in Hospitals”](#)

(Sen. Trey Stewart)

MaineHealth Position: Support; No Public Hearing this Session

Without first holding a public hearing, the Health and Human Services Committee agreed to carry over legislation that requires Adult and Child Protective Services to take custody of a hospitalized child or adult with disabilities if their parent or guardian does not take custody within 48 hours of the patient being cleared for discharge from the hospital.

Health Coverage, Insurance and Financial Services Committee

[LD 1304, “Resolve, to Establish the Task Force to Study Barriers to Achieving Behavioral Health Integration and Parity”](#)

(Rep. Anne Perry)

MaineHealth Position: Support

Prior to adjourning, the Legislature failed to fund legislation that forms a task force to study barriers experienced by behavioral health providers related to requirements imposed by health insurance carriers and MaineCare. The bill remains on the Special Study Table to be considered when the Legislature returns next session.

Sarah Calder [testified](#) in support of this legislation when it was before the Health Coverage, Insurance and Financial Services Committee.

Education and Cultural Affairs Committee

[LD 1769, “An Act Concerning Students Who Experience Educational Disruption Due to Temporary or Permanent Changes Where They Live”](#)

(Rep. Tiffany Roberts)

MaineHealth Position: Support

Prior to adjourning, the Legislature failed to fund legislation that re-establishes a statewide comprehensive communication network of Keeping Maine’s Children Connected Liaisons to assist students experiencing disruption, including homelessness, placement in foster care, hospitalization, or placement in a correctional institution. The bill remains on the Special Study Table to be considered when the Legislature returns next session.

Lee-Andra D’Attilio, Senior Director of Intensive Services at Maine Behavioral Healthcare, [testified](#) in support of this legislation when it was before the Education and Cultural Affairs Committee and shared that this program has documented success. Liaisons are key to facilitating an effective, seamless transition and provide better outcomes for students, but the program was eliminated during the last Administration.

Bills Related to Public Health

Health and Human Services Committee

[LD 1215, “An Act to End the Sale of Flavored Tobacco Products”](#)

(Sen. Jill Duson)

MaineHealth Position: Support

The Legislature carried over legislation that prohibits the sale of flavored tobacco products beginning January 1, 2025.

Dr. Annie Coates, pediatric pulmonologist at Maine Medical Center, [testified](#) in support of this legislation when it was before the Health and Human Services Committee.

[LD 1684, “An Act to Invest in the Health and Wellness of Older Maine Residents by Expanding Coordinated Community Programming”](#)

(Rep. Drew Gattine)

MaineHealth Position: Support

Prior to adjourning, the Legislature failed to fund legislation that provides short-term and ongoing funding to expand case management and navigation services available to older Mainers via the five area agencies on aging.

Sarah Calder [testified](#) in support of this legislation when it was before the Health and Human Services Committee and shared that this bill aligns with the MaineHealth vision by supporting the aging network to expand these critical services in the community as outlined in the Older Americans Act.

DEFEATED LEGISLATION

Bills Related to Health Care Payment and Operations

Health and Human Services Committee

[LD 199, “An Act to Improve the Health of Maine Residents by Removing Exclusions to the MaineCare Program”](#)

(Speaker Rachel Talbot Ross)

MaineHealth Position: Support

Legislation that would restore MaineCare coverage for eligible individuals regardless of immigration status died between both Chambers.

Silas Zechman, Program Supervisor for CarePartners Plus, [testified](#) in support of this legislation when it was before the Health and Human Services Committee.

[LD 1131, “An Act to Support Continuity in Perinatal and Emergency Care by Requiring Notice of a Voluntary Hospital or Facility Closure or Reduction in Services”](#)

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

MaineHealth Position: Oppose; Did Not Testify

The Health and Human Services Committee voted against Department of Health and Human Services-sponsored legislation that would have required hospitals provide notice of a hospital closure or service reduction (ranging from 180 days’ to 60 days’ notice) to the Department of Health and Human Services, Emergency Medical Services, and patients. The bill also required hospitals, among other things, to conduct a root cause analysis of the factors that contributed to the closure, and to monitor and assist patients with the psychosocial effect of the closure or reduction of services.

The Maine Hospital Association [testified](#) on behalf of the hospital community in opposition to the bill when it was before the Committee.

[LD 1254, “An Act to Provide Coverage and Prior Authorization of Medications and Services During a MaineCare Provider's Enrollment Period”](#)

(Rep. Poppy Arford)

MaineHealth Position: Did Not Testify

The Health and Human Services Committee voted against legislation that would have required MaineCare to allow a provider with a pending MaineCare enrollment application to apply for prior authorization of services and medications, and cover the medications and services pursuant to the prior authorization after the provider’s application is approved.

The sponsor brought this bill forward due to the long processing time for MaineCare provider enrollment applications, so the Committee sent a letter to the Office of MaineCare requesting data from the past 12 months of how quickly provider enrollment applications are processed. If

the cases are not closed in 60 days or less, the letter requests MaineCare provide the reason for the delay.

LD 1601, “An Act Regarding Visitation Policies for Long-term Care Facilities, Hospice Providers and Hospitals”

(Sen. Trey Stewart)

MaineHealth Position: Oppose

The Legislature voted against legislation that would have required hospitals, long-term care facilities, and hospice providers to have a visitation policy in place that would always allow designated visitors in certain situations, like childbirth and end-of-life situations.

Sarah Calder [testified](#) in opposition to this legislation when it was before the Health and Human Services Committee and shared that this legislation would strip our clinical and administrative teams of the latitude and flexibility to make decisions – based on the current situation – in which we balance patient benefit and risk to the patient, visitor, care team, and community.

LD 1784, “Resolve, to Improve Access to Appropriate Levels of Long-term Care by Rebasing and Increasing Reimbursement Rates”

(Speaker Rachel Talbot Ross)

MaineHealth Position: Support; MaineHealth-Sponsored Legislation

At the request of the sponsor, the Health and Human Services Committee voted against MaineHealth-sponsored legislation that would have provided a one-time rebase of nursing facility rates to reflect the current costs experienced by nursing facilities and increased the Upper Payment Limit to allow for increased financial flexibility.

Katie Fullam Harris [testified](#) in strong support of this bill when it was before the Committee and shared that 15 nursing facilities have closed since 2020, and that MaineHealth’s St. Joseph’s Manor in Portland loses nearly \$1 million per month as it struggles to maintain adequate staffing to support its residents.

LD 1785, “Resolve, to Establish the Blue Ribbon Commission to Make Recommendations to Update Laws Governing the Continuum of Long-term Care Options”

(Speaker Rachel Talbot Ross)

MaineHealth Position: Support; MaineHealth-Sponsored Legislation

At the request of the sponsor, the Health and Human Services Committee voted against MaineHealth-sponsored legislation that would have formed a Blue Ribbon Commission to review the regulatory barriers that resulting in nursing facility closures.

Katie Fullam Harris [testified](#) in strong support of this bill when it was before the Committee and shared that the Certificate of Need process, bed banking, and so-called “Budget Neutrality” should be reviewed to better understand the impact these policies have on the lack of access to long-term care.

Health Coverage, Insurance and Financial Services Committee

[LD 418, “Resolve, Regarding Legislative Review of Portions of Chapter 100: Enforcement Procedures, a Major Substantive Rule of the Maine Health Data Organization”](#)

(Rep. Anne Perry; Maine Health Data Organization-Sponsored Legislation)

MaineHealth Position: Did Not Testify

When the Legislature adjourned, it failed to carry over legislation that would have enacted a Maine Health Data Organization major substantive rule that sought to add a financial penalty for a payor that fails to file supplemental health care data sets.

[LD 953, “An Act to Protect Maine Patients Regarding Hospital Price Transparency”](#)

(Rep. Laurel Libby)

MaineHealth Position: Oppose

The Legislature voted against legislation that would have required hospitals to comply with federal price transparency requirements as overseen by the Attorney General, and, importantly, it would have prohibited a hospital from billing for services if it were in violation of the price transparency requirements.

Katie Fullam Harris [testified](#) in opposition to the bill when it was before the Health Coverage, Insurance and Financial Services Committee and shared that the penalty is extreme and the bill has the potential to put hospitals in a conflicting situation with state law should the federal requirements change.

[LD 1143, “An Act to Address Late Medical Billing by Limiting Hospital Billing to One Year”](#)

(Sen. Trey Stewart)

[LD 1191, “An Act Regarding Transparency of Medical Billing”](#)

(Sen. Rick Bennett)

MaineHealth Position: Oppose

The Health Coverage, Insurance and Financial Services Committee voted against two bills that would have required hospitals to issue a bill to a patient within one year of the service and, if the bill was issued after one year of the service, the patient would not have been obligated to pay the bill.

Katie Fullam Harris [testified](#) in opposition to both bills when they were before the Committee and shared that hospitals are contractually prohibited from billing patients until all matters are resolved with third party payers.

[LD 1399, “An Act to Improve State Oversight of Proposed Health Care Entity Transactions”](#)

(Rep. Josh Morris)

MaineHealth Position: Oppose; Did Not Testify

The Health Coverage, Insurance and Financial Services Committee voted against National

Academy for State Health Policy-model legislation that would have made several significant changes to the Office of the Attorney General’s responsibilities governing the oversight of health care transactions. This legislation was similar to the Certificate of Public Advantage law that the Legislature repealed this Session.

LD 1554, “An Act to Repeal Certificate of Need Requirements for Health Care Providers”

(Sen. Eric Brakey)

MaineHealth Position: Oppose

The Legislature voted against legislation that would have repealed Maine’s Certificate of Need (CON) statute.

Katie Fullam Harris [testified](#) in opposition to this bill when it was before the Health Coverage, Insurance and Financial Services Committee. Katie shared that CON plays an important role in ensuring that the state has a strong and cost-effective care delivery system to meet the needs of our communities.

LD 1676, “An Act to Strengthen the Sustainability and Value of Maine's Designated Health Information Exchange by Acquiring Enhanced Federal Funding”

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

MaineHealth Position: Oppose; Did Not Testify

Before a public hearing was held, the Department of Health and Human Services pulled legislation that would have required that providers and hospitals enrolled in MaineCare maintain a data connection with HealthInfoNet (the operator of the State’s Health Information Exchange). The legislation would have also provided the Office of MaineCare Services with access to MaineCare member data collected through HealthInfoNet.

LD 1708, “An Act to Address Anticompetitive Terms in Health Insurance Carrier and Health Care Provider Contracts”

(Rep. Josh Morris)

MaineHealth Position: Oppose; Did Not Testify

The Health Coverage, Insurance and Financial Services Committee voted against Anthem-BlueCross BlueShield-sponsored legislation that would have prohibited contractual agreements between providers and insurance carriers from including provisions that include anti-steering and anti-tiering clauses.

Judiciary Committee

[LD 549, “An Act Regarding a Discovery Rule for the Statute of Limitations for Cases of Medical Negligence”](#)

(Rep. Matt Moonen)

MaineHealth Position: Oppose

The Legislature voted against a bill that would have extended the statute of limitations for malpractice lawsuits. Under current law, the three-year statute of limitations on a medical malpractice claim begins to run on the date of the event that gave rise to injury. The exception is leaving a foreign object in the body, in which case the statute of limitations does not begin to run until the plaintiff discovers, or reasonably should have discovered, the harm. LD 549 would have shifted all medical malpractice claims to the standard applied to leaving foreign objects in the body, effectively extending the statute of limitations and increasing providers’ exposure to lawsuits.

Dr. Joel Botler, Interim President and Chief Medical Officer at Maine Medical Center, submitted [testimony](#) in opposition to the bill when it was before the Judiciary Committee.

Bills Related to Workforce

Labor and Housing Committee

[LD 116, “An Act to Establish a Minimum Wage for All Health Care Workers Including All Support Staff”](#)

(Sen. Joe Baldacci)

MaineHealth Position: Oppose; Did Not Testify

The Labor and Housing Committee voted against legislation that would have created a separate minimum wage for health care workers of \$15 in 2024, just 50 cents more than the minimum wage in 2024 when adjusted for inflation.

The Maine Hospital Association [testified](#) in opposition to this legislation when it was before the Committee and shared that an industry-specific minimum wage is not the solution to addressing the workforce challenges facing hospitals.

Health and Human Services Committee

[LD 1321, “An Act to Address Income Disparity in Health Care by Limiting the Compensation of Hospital Executives”](#)

(Sen. Mike Tipping)

MaineHealth Position: Oppose; Did Not Testify

The Health and Human Services Committee voted against legislation that would have capped hospital executive pay at 5 times the median compensation of full-time registered nurses who

work at the hospital. The Committee also sent a [letter](#) to the Attorney General asking that he ensure the timely disclosure of hospital executive compensation as required under current federal and [state](#) laws. The letter also requests that the Attorney General submit a report with the options for the Legislature and the Attorney General to control health care costs, specifically addressing executive pay, to the Committee by January 2024.

Bills that Legislate Medicine

Health and Human Services Committee

LD 1993, “An Act to Expand Home Visiting Services and Provide for Reimbursement Under the MaineCare Program for Perinatal Doula Services and Midwifery Services”

(Rep. Ben Collings)

MaineHealth Position: Oppose

At the request of the sponsor, the Health and Human Services Committee voted against legislation that would have required MaineCare coverage of certified professional midwives and doulas.

Sarah Calder [testified](#) in opposition to this legislation when it was before the Committee and shared that before addressing reimbursement for these services, the Legislature should first consider a certification or licensure pathway for doulas and that the scope of practice for certified professional midwives must be aligned with state statute.

Health Coverage, Insurance and Financial Services Committee

LD 615, “An Act to Ensure Access to Newly Born Male Infant Circumcision by Requiring MaineCare and Health Insurance Coverage”

(Rep. Kelly Noonan Murphy)

MaineHealth Position: Support; MaineHealth-Sponsored Legislation

The Legislature voted against MaineHealth-sponsored legislation that would require insurance coverage of routine newborn male circumcision.

Dr. Jamie Fay, pediatric hospitalist at Maine Medical Center, [testified](#) in support of this bill when it was before the Health Coverage, Insurance and Financial Services Committee.

LD 1447, “Resolve, to Authorize the Training of Nursing Assistants by Certified Nursing Assistants

(Sen. Joe Baldacci)

MaineHealth Position: Support as Amended

The Health Coverage, Insurance and Financial Services Committee voted against legislation that, as amended, would have directed the Department of Health and Human Services to apply to the Centers for Medicare & Medicaid Services for a waiver from a federal requirement that the training of nurse aides must be performed by a registered nurse who possesses a minimum of two

years of nursing experience, at least 1 year of which must be in the provision of long-term care facility services.

The Department had already applied for this waiver and the application was denied, so the Committee agreed to send a letter to the Congressional Delegation requesting that they amend this regulation and waive the required one year of long-term care experience for a registered nurse instructor.

Sarah Calder [testified](#) on behalf of MaineHealth and Northern Light Health in support of the amended legislation when it was before the Committee.

Judiciary Committee

[LD 1809, “An Act to Prohibit Health Care Services Without Parental Consent”](#)

(Rep. Jeffrey Adams)

MaineHealth Position: Oppose

The Legislature voted against legislation that would have significantly amended Maine’s parental consent laws to require parental consent for, among other things, family planning and abortion services, substance use disorder treatment, and the treatment or prevention of sexually transmitted infections.

Dr. Jonathan Fanburg, Director of Adolescent and Young Adult Medicine at Maine Medical Center, [testified](#) in opposition to this legislation when it was before the Judiciary Committee and shared that the bill obstructs healthcare and is dangerous to the health of minors.

Bills Related to Behavioral Health

Health and Human Services Committee

[LD 378, “Resolve, to Eliminate the So-called Fail First Requirement for Children's Residential Services for Certain Individuals Whose Needs Are Unable to Be Met with Home and Community-based Services by Expanding Eligibility for Those Individuals”](#)

(Rep. Ed Crockett)

MaineHealth Position: Support; MaineHealth-Sponsored Legislation

The Health and Human Services Committee voted against MaineHealth-sponsored legislation that would have permanently repealed a MaineCare policy that requires a child to “fail” community or home-based services within the past two to six months before MaineCare will approve residential care. The Department of Health and Human Services has identified a work around and can approve a child for residential services in certain circumstances under the Early Periodic Screening Diagnostic and Treatment (EPSDT) benefit without requiring an attempt to use a lower level of care.

Gina DiDonato, Associate Chief Nursing Officer at Spring Harbor Hospital, [testified](#) in support of this legislation when it was before the Committee. She shared the story of an adolescent who

was stuck at Spring Harbor Hospital awaiting residential care for over a year and that the “fail first” policy prolonged his hospital stay by 5 months.

[LD 908, “Resolve, to Establish a Comprehensive Integrated Co-occurring Behavioral Health Home Model Within the MaineCare Program”](#)

(Rep. Holly Stover)

MaineHealth Position: Support; Did Not Testify

The Health and Human Services Committee voted against legislation that would have directed the Department of Health and Human Services to establish a new health home model that includes services for substance use disorder and co-occurring mental health diagnoses in one model.

Bills Related to Public Health

Criminal Justice and Public Safety Committee

[LD 60, “An Act to Require a 72-hour Waiting Period After the Sale of a Firearm”](#)

(Rep. Margaret Craven)

MaineHealth Position: Support

The Legislature failed to enact legislation that would have required a 72-hour waiting period between the purchase of a firearm from a licensed dealer and delivery of the firearm to the purchaser.

Dr. Kristine Pleacher, pediatric critical care physician at Maine Medical Center, [testified](#) in support of this legislation when it was before the Criminal Justice and Public Safety Committee and shared that this “cooling off period” has proven essential in preventing impulsive suicides and homicides.

Health and Human Services Committee

[LD 172, “An Act to Allow Health Care Workers to Return to Work by Reinstating Exemptions from Immunization Requirements”](#)

(Rep. David Boyer)

MaineHealth Position: Oppose

The Legislature voted against legislation that would have restored the philosophical and religious exemptions for vaccination requirements for health care workers.

Sarah Calder submitted [testimony](#) in opposition to this bill when it was before the Health and Human Services Committee and urged the Committee to listen to Maine voters and reject any legislation that seeks to restore the religious and philosophical exemptions to the State’s vaccine requirements.

For questions related to this report, please contact:

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