

# Second Regular Session--130th Maine Legislature

## Maine Hospital Association Legislative Report

### 5/17/2022

#### **LD 17 Resolve, To Provide Rural Nonmedical Transportation Services to the Elderly and Adults with Disabilities Receiving Home and Community Benefits under the MaineCare Program**

**Sponsor:** *Sen. Maxmin* <http://www.legislature.maine.gov/LawMakerWeb/summary.asp?ID=280078047>

**Health & Human Services**

**Committee Status:** APP TBL

**Public Hearing:**

**Final Status:** DEAD

This resolve requires DHHS to develop a pilot project lasting 18 months that provides nonmedical transportation services to individuals receiving §19 Medicaid services (Home and Community Benefits for the Elderly and Adults with Disabilities) in an amount up to \$2,000, in addition to currently permissible medical transportation services.

#### **LD 42 An Act Making Certain Supplemental Appropriations and Allocations and Changing Certain Provisions of the Law Necessary to the Proper Operations of State Government**

**Sponsor:** *Rep. Pierce* <http://www.legislature.maine.gov/LawMakerWeb/summary.asp?ID=280077986>

**Appropriations & Financial Affairs**

**Committee Status:**

**Public Hearing:**

**Final Status:** DEAD

This is the SFY 2021 supplemental budget.

#### **LD 119 An Act To Increase Faculty in Nursing Education Programs by Amending the Nursing Education Loan Repayment Program**

**Sponsor:** *Rep. Meyer* <http://www.legislature.maine.gov/LawMakerWeb/summary.asp?ID=280078077>

**Innovation, Development, Economic Advancement and Committee Status:** APP TBL

**Public Hearing:**

**Final Status:** DEAD

This bill amends the nursing education loan repayment program in three ways.

1. It extends eligibility to apply to individuals who are currently enrolled in master's or doctoral degree programs.
2. It specifies that applicants must indicate an intention to work as full-time nursing faculty in a nursing education program in the State, and increases that required commitment from 3 years to 5 years after acceptance into the nursing education loan repayment program.
3. It increases the maximum amount of loans eligible for repayment under the program from \$4,500 to \$30,000 for a master's degree and from \$6,000 to \$60,000 for a doctoral degree.

This is a refile of a bill that died at the end of session last year (LD 799). However, this bill is consistent with the bill as filed last year; it is not consistent with the amendment. (Last year's amendment significantly expanded who could qualify for loan forgiveness beyond nurses.)

#### **LD 197 Resolve, To Ensure That Community Mental Health Service Providers Can Access Pandemic Stimulus Funds**

**Sponsor:** *Sen. Breen* <http://www.legislature.maine.gov/LawMakerWeb/summary.asp?ID=280078259>

**Health & Human Services**

**Committee Status:** APP TBL

**Public Hearing:**

**Final Status:** DEAD

This resolve requires DHHS to designate \$15,000,000 of federal COVID-19 stimulus funding allocated to the State pursuant to a federal law enacted after December 15, 2020 for community mental health service providers.



## LD 225 An Act Regarding the Treatment of Vacation Time upon the Cessation of Employment

**Sponsor:** Rep. Roeder <http://www.legislature.maine.gov/LawMakerWeb/summary.asp?ID=280078279>

**Labor & Housing**

**Committee Status:** OTPA

**Public Hearing:**

**Final Status:** PL 2021, CH 561

This law requires unused vacation pay accrued pursuant to the employer's vacation policy on and after January 1, 2023 must be paid to the employee on cessation of employment unless the employee is employed by an employer with 10 or fewer employees or by a public employer. It also provides that, if the employee's employment is governed by a collective bargaining agreement and that agreement includes provisions addressing payment of vacation pay upon cessation of employment, the collective bargaining agreement supersedes this provision of law

## LD 240 An Act Making Certain Appropriations and Allocations and Changing Certain Provisions of the Law Necessary to the Proper Operations of State Government

**Sponsor:** Sen. Breen <http://www.legislature.maine.gov/LawMakerWeb/summary.asp?ID=280078332>

**Appropriations & Financial Affairs**

**Committee Status:**

**Public Hearing:**

**Final Status:** DEAD

## LD 250 An Act To Assist Nursing Homes in the Management of Facility Beds

**Sponsor:** Rep. Perry <http://www.legislature.maine.gov/LawMakerWeb/summary.asp?ID=280078357>

**Health & Human Services**

**Committee Status:** APP TBL

**Public Hearing:**

**Final Status:** DEAD

This bill restores the ability of nursing facilities to voluntarily reduce the number of their licensed beds and then later increase the number of their licensed beds to the prior level after obtaining a certificate of need and meeting certain conditions. The bill modifies the process to obtain certificate of need approval to reopen reserved beds. Applications that seek to reopen reserved beds must be approved if the projected incremental costs of reopening and operating the reopened beds are consistent with the facility's costs of operating its other beds. Applicants are not required to demonstrate that any increases in MaineCare costs are offset by other MaineCare savings. The costs of ongoing operation of both the restored beds and the complement of facility beds at the time the reserved beds are reopened must be recognized as allowable costs and incorporated into the facility's MaineCare payment rates. The bill requires DHHS to include in its calculation of reimbursement for services provided by a nursing facility the cost incurred by the facility for a medical director. The bill requires the cost incurred by a nursing facility for the acquisition, use and maintenance of computer or cloud-based software systems to be included as a fixed cost.

## LD 273 An Act To Sustain the Doctors for Maine's Future Scholarship Program

**Sponsor:** Rep. Zager <http://www.legislature.maine.gov/LawMakerWeb/summary.asp?ID=280078391>

**Innovation, Development, Economic Advancement and** **Committee Status:** APP TBL

**Public Hearing:**

**Final Status:** DEAD

This bill provides ongoing funds to the Doctors for Maine's Future Scholarship Program which supports medical school scholarships for eligible students who attend a qualifying Maine-based medical school program and have a substantial connection to Maine.

## LD 371 An Act To Make Adjustments to General Fund Appropriations Related to the Supplemental Budget

**Sponsor:** Sen. Breen <http://www.legislature.maine.gov/LawMakerWeb/summary.asp?ID=280078594>

**Appropriations & Financial Services**

**Committee Status:**

**Public Hearing:**

**Final Status:** DEAD

Supplemental Budget Change Package



## LD 372 An Act To Provide Maine Children Access to Affordable Health Care (EMERGENCY)

**Sponsor:** *Sen. Carney* <http://www.legislature.maine.gov/LawMakerWeb/summary.asp?ID=280078595>

**Health & Human Services**

**Committee Status:** APP TBL

**Public Hearing:**

**Final Status:** PL 2021, CH 746

This law establishes the Hospital System Loan Fund Program within the Finance Authority of Maine. The program is established to alleviate the hardship of hospitals resulting from loan payments through the Medicare accelerated payment program.

## LD 393 An Act To Amend the Laws Regarding Health and Human Services

**Sponsor:** *Rep. Meyer* <http://legislature.maine.gov/LawMakerWeb/summary.asp?ID=280078621>

**Health & Human Services**

**Committee Status:** APP TBL

**Public Hearing:** 2/22/2022 1:00 PM

**Final Status:** DEAD

1. It provides \$2m in each year for behavioral health services to families engaged in rehabilitation and reunification programs. It provides \$1m each year for the Homebuilders program and \$1m each year for the Parents as Teachers program operated through the home visiting program.
2. It provides \$420,000 a year to increase the contract the department has for kinship navigators.
3. It requires the department to study the ability of the State to allow a parent of a minor child removed from the home but engaged in rehabilitation and reunification services to continue to receive services that the parent was eligible for prior to the child being removed from custody and to receive priority for services that are waitlisted and are critical to allowing families to transition out of the child protective system department to continue to provide supportive services to parents who have had children removed from the home but remain engaged in rehabilitation and reunification programs.
4. It provides \$200,000 funding in each year to the child protective services contingency fund established.
5. It establishes a Child Welfare Coordinator within DHHS to coordinate the organization of the child welfare system within the department and across state departments.
6. It requires the Recovery Fund Council established pursuant to the Memorandum of Understanding and Agreement Regarding Use of Opioid Settlement Funds, shall endeavor to expedite resources to expand medication assisted treatment. The Recovery Fund Council shall also endeavor to expedite the development of peer recovery centers in every county in the State. Note: Contents moved into budget

## LD 415 Resolve, Directing the Department of Health and Human Services To Increase MaineCare Reimbursement Rates for Targeted Case Management Services To Reflect Inflation

**Sponsor:** *Rep. Stearns* <http://legislature.maine.gov/LawMakerWeb/summary.asp?ID=280078640>

**Health & Human Services**

**Committee Status:** APP TBL

**Public Hearing:**

**Final Status:** DEAD

This resolve requires DHHS to amend its rules governing MaineCare reimbursement for targeted case management services to provide an increase reflecting cost increases from 2010 to 2020.

## LD 432 Resolve, To Improve Behavioral Health Care for Children

**Sponsor:** *Rep. Madigan* <http://legislature.maine.gov/LawMakerWeb/summary.asp?ID=280078682>

**Health & Human Services**

**Committee Status:** APP TBL

**Public Hearing:**

**Final Status:** DEAD

This resolve requires DHHS to amend Section 65 to reimburse for additional collateral contacts for children's home and community-based treatment. Those additional collateral contacts are between the child's mental health professional and parents, medical providers, psychiatric providers, residential providers, case managers and school personnel as long as the goal of the collateral contact is included in the goals of the individual treatment plan.



## **LD 496 An Act To Clear Waiting Lists for and Ensure Timely Access to Mental Health Services for Maine Children**

**Sponsor:** *Rep. Gramlich* <http://www.legislature.maine.gov/LawMakerWeb/summary.asp?ID=280078812>

**Health & Human Services**

**Committee Status:** APP TBL

**Public Hearing:**

**Final Status:** DEAD

This bill provides \$10M in state funding to increase rates in Section 65, Behavioral Health Services, Children's Home and Community Based Treatment and Section 97, Appendix D, Principles of Reimbursement for Child Care Facilities by 30% no later than July 1, 2021.

## **LD 527 An Act To Exempt MaineCare Appendix C Private Nonmedical Institutions from the Service Provider Tax**

**Sponsor:** *Sen. Vitelli* <http://www.legislature.maine.gov/LawMakerWeb/summary.asp?ID=280078909>

**Taxation**

**Committee Status:** APP TBL

**Public Hearing:**

**Final Status:** DEAD

This bill exempts from the service provider tax so-called MaineCare Appendix C private nonmedical institutions, which are residential care facilities maintained wholly or partly for the purpose of providing residents with medical and remedial services. The service provider tax continues to apply to private nonmedical institution services that are provided by MaineCare Appendix B, D, E or F private nonmedical institutions.

## **LD 582 An Act To Support the Fidelity and Sustainability of Assertive Community Treatment**

**Sponsor:** *Rep. Madigan* <http://www.legislature.maine.gov/LawMakerWeb/summary.asp?ID=280078984>

**Health & Human Services**

**Committee Status:** APP TBL

**Public Hearing:**

**Final Status:** DEAD

This bill modifies the definition of "assertive community treatment" to better align the definition with an evidence-based treatment model. The bill adds definitions of "psychiatric provider" and "medical assistant" and changes the description of the composition of the multidisciplinary teams that provide assertive community treatment. The bill also requires DHHS to increase the MaineCare reimbursement rates for assertive community treatment by 25% immediately to allow providers to continue to offer the service. The bill also requires the department to adopt rules to transition to a per member, per month payment model and to reform the criteria and operation of the program to ensure its fidelity to the evidence-based model for assertive community treatment services.

## **LD 607 An Act To Restore Overtime Protections for Maine Workers**

**Sponsor:** *Rep. Talbot Ros* <http://www.legislature.maine.gov/LawMakerWeb/summary.asp?ID=280079038>

**Labor & Housing**

**Committee Status:** OTPA

**Public Hearing:**

**Final Status:** PL 2021, CH 563

The law requires the Department of Labor to provide outreach and education about the existing overtime threshold law.

## **LD 629 Resolve, To Establish the Task Force To Study Improving Safety and Provide Protection from Violence for Health Care Workers in Hospitals and Mental Health Care Providers (EMERGENCY)**

**Sponsor:** *Rep. Riseman* <http://www.legislature.maine.gov/LawMakerWeb/summary.asp?ID=280079057>

**Health & Human Services**

**Committee Status:** APP TBL

**Public Hearing:**

**Final Status:** RESOLVE 2021, CH 173

This resolve establishes the Task Force To Study Improving Safety and Provide Protection from Violence for Health Care Workers in Hospitals and Mental Health Care Providers. The task force is directed to submit a report and any suggested legislation for presentation to the Second Regular Session of the 130th Legislature by December 1, 2021.



**LD 632 An Act To Facilitate the Conversion of Children's Private Nonmedical Institutions to Qualified Residential Treatment Programs as Required by Federal Law**

**Sponsor:** *Sen. Claxton* <http://www.legislature.maine.gov/LawMakerWeb/summary.asp?ID=280079084>

**Health & Human Services**

**Committee Status:** ONTP

**Public Hearing:**

**Final Status:** DEAD

This bill requires DHHS to develop a plan for converting children's private nonmedical institutions to qualified residential treatment programs as required by the federal Family First Prevention Services Act. The department must establish requirements, timelines and costs for the children's private nonmedical institutions for converting to qualified residential treatment programs. It also requires the department to establish a method of providing financial resources to those institutions for converting.

**LD 674 An Act To Support Early Intervention and Treatment of Psychotic Disorders**

**Sponsor:** *Sen. Breen* <http://www.legislature.maine.gov/LawMakerWeb/summary.asp?ID=280079139>

**Health & Human Services**

**Committee Status:** APP TBL

**Public Hearing:**

**Final Status:** DEAD

This bill requires DHHS to establish a reimbursement rate for a coordinated specialty care model to treat individuals showing early signs of psychotic disorder. Services must be evidence based and treat both the individual and the family. The department is directed, in cooperation with the Departments of Education and Labor to establish a bundled rate to reimburse for services provided under the coordinated specialty care model that are not otherwise covered under the MaineCare program. The bill directs the department to apply to the Centers for Medicare and Medicaid Services for a waiver or state plan amendment to establish a bundled reimbursement rate and to seek federal funding under the community mental health services block grant.

**LD 684 Resolve, To Amend MaineCare Reimbursement Provisions Governing Supplemental Payments to Nursing Facilities with High MaineCare Use (EMERGENCY)**

**Sponsor:** *Sen. Timberlake* <http://www.legislature.maine.gov/LawMakerWeb/summary.asp?ID=280079150>

**Health & Human Services**

**Committee Status:** APP TBL

**Public Hearing:**

**Final Status:** RESOLVE 2021, CH 171

This resolve requires DHHS to amend its rules governing supplemental payments to nursing facilities where the number of MaineCare residents constitutes more than 80% of the total number of residents to remove the requirement that such nursing facilities have base year direct and routine aggregate costs per day that are less than the median aggregate direct and routine allowable costs for the facility's peer group.

**LD 716 An Act To Enhance and Improve the Maine Developmental Services Oversight and Advisory Board and To Establish the Aging and Disability Mortality Review Panel**

**Sponsor:** *Rep. Madigan* <http://www.legislature.maine.gov/LawMakerWeb/summary.asp?ID=280079186>

**Health & Human Services**

**Committee Status:** APP TBL

**Public Hearing:**

**Final Status:** PL 2021, CH 686

The law makes changes to the laws governing the Maine Developmental Services Oversight and Advisory Board, moving the budget of the board from DHHS to the Department of Administrative and Financial Services and requiring disclosure of final reports of investigations pursuant to the Adult Protective Services Act to the board. It also clarifies the appointment process for members of the board.

(Note: The portion of the bill establishing the Aging and Disability Review Panel were removed and enacted in the biennial budget.)



**LD 861 Resolve, Directing the Department of Health and Human Services to Contract for Assessments for Involuntary Hospitalizations**

**Sponsor:** Rep. Evans <http://www.legislature.maine.gov/LawMakerWeb/summary.asp?ID=280079312>

**Judiciary** **Committee Status:** OTPA  
**Public Hearing:** **Final Status:** RESOLVE 2021, CH 160

As enacted, the law will require the Department of Public Safety to conduct training of law enforcement on the yellow flag (temporary weapons restriction) program and to collect data and report back to the legislature on the utilization of this

**LD 867 An Act To Prohibit Mandatory COVID-19 Vaccinations for 5 Years To Allow for Safety Testing and Investigations into Reproductive Harm**

**Sponsor:** Rep. Quint <http://www.legislature.maine.gov/LawMakerWeb/summary.asp?ID=280079326>

**Health Coverage, Insurance & Financial Services** **Committee Status:** DIV RPT  
**Public Hearing:** 1/11/2022 9:00 AM **Final Status:** DEAD

This bill prohibits mandatory vaccinations for COVID-19 for 5 years from the date of a vaccine's first emergency use authorization by the United States FDA in order to allow for safety testing and investigations into reproductive harm.

**LD 949 Resolve, To Restore the MaineCare Nursing Facility COVID-19 Temporary Rate Increase**

**Sponsor:** Sen. Baldacci <http://www.legislature.maine.gov/LawMakerWeb/summary.asp?ID=280079404>

**Health & Human Services** **Committee Status:** APP TBL  
**Public Hearing:** **Final Status:** DEAD

This resolve DHHS to amend its Section 67, Nursing Facilities reimbursement, to increase reimbursement rates to rates that are no less than the rates that were in effect on May 31, 2020. The increased rates must remain in effect at least until the end of the state of emergency due to COVID-19 as declared by the Governor. Temporary rate increases to nursing facility funding with federal funding were in effect from March 1, 2020 to May 31, 2020.

**LD 965 An Act Concerning Nondisclosure Agreements in Employment**

**Sponsor:** Rep. Harnett <http://legislature.maine.gov/LawMakerWeb/summary.asp?ID=280079420>

**Labor & Housing** **Committee Status:** APP TBL  
**Public Hearing:** **Final Status:** PL 2021, CH 760

This law prohibits an employer from requiring an employee, intern or applicant for employment to enter into a contract or agreement that waives or limits any right to report or discuss discrimination, retaliation or harassment occurring in the workplace or at work related events. It also prohibits an employer from requiring an employee, intern or applicant for employment to enter into a settlement, separation or severance agreement that limits an individual's right to report, testify or provide evidence to a federal or state agency that enforces employment or discrimination laws, prevents an individual from testifying or providing evidence in federal and state court proceedings in response to legal process or prohibits an individual from reporting conduct to a law enforcement agency. It also imposes certain requirements regarding settlement, separation or severance agreement nondisclosure provisions, adds a statement regarding the construction of the provisions of the bill and allows the Attorney General to bring an action to impose a fine or seek an injunction for a violation of the provisions of the bill.

**LD 972 An Act To Establish the Rare Disease Advisory Council**

**Sponsor:** Rep. Craven <http://www.legislature.maine.gov/LawMakerWeb/summary.asp?ID=280079440>

**Health & Human Services** **Committee Status:** APP TBL  
**Public Hearing:** **Final Status:** PL 2021, CH 740

This law creates the Rare Disease Advisory Council to advise DHHS and the public on issues regarding rare diseases. The bill defines a rare disease as a disease that affects fewer than 200,000 persons in the United States. The council is made up of 20 members, who are health care professionals and others involved with or affected by rare diseases. The council is directed to study a variety of issues regarding rare diseases and their treatment within the State. The council must submit an annual report to the Governor, the Commissioner of Health and Human Services and the Legislature and must post the report on a publicly accessible website.



## LD 1003 An Act To Improve Outcomes for Persons with Limb Loss

**Sponsor:** Rep. Madigan <http://www.legislature.maine.gov/LawMakerWeb/summary.asp?ID=280079473>

**Health Coverage, Insurance & Financial Services**      **Committee Status:** APP TBL  
**Public Hearing:**      **Final Status:** PL 2021, CH 741

This law requires a carrier to provide coverage to enrollees under 18 years of age for a prosthetic device designed to meet an enrollee's medical needs for recreational purposes. The requirement applies to all health plans issued or renewed on or after January 1, 2023.

## LD 1059 An Act To Provide Substance Use Disorder Treatment to Adolescents

**Sponsor:** Rep. Morales <http://www.legislature.maine.gov/LawMakerWeb/summary.asp?ID=280079566>

**Health & Human Services**      **Committee Status:** ONTP  
**Public Hearing:**      **Final Status:** DEAD

This concept draft would require DHHS to work with stakeholders to develop and fund a continuum of evidence-based treatment services for adolescents affected by substance use disorder. Services would include, but not be limited to, detoxification beds in hospitals or residential settings and intensive outpatient treatment services.

## LD 1080 Resolve, Directing the Department of Health and Human Services To Update the Rights of Recipients of Mental Health Services

**Sponsor:** Rep. Stover <http://www.legislature.maine.gov/LawMakerWeb/summary.asp?ID=280079583>

**Health & Human Services**      **Committee Status:** OTPA  
**Public Hearing:**      **Final Status:** RESOLVE 2021, CH 132

This resolve directs DHHS to update the rights of recipients of mental health services regarding treatment, the delivery structure and the entities that oversee the safe and effective delivery of mental health services, including to align the rights with contractual agreements with service providers, current federal and state privacy laws and best practices for the delivery of clinically appropriate assessment and treatment models for persons with mental illness.

## LD 1135 An Act Regarding Substance Use Disorder Treatment Services and Increasing Reimbursement Rates for Those Services

**Sponsor:** Rep. Stover <http://www.legislature.maine.gov/LawMakerWeb/summary.asp?ID=280079732>

**Health & Human Services**      **Committee Status:** APP TBL  
**Public Hearing:**      **Final Status:** DEAD

This bill includes a statutory requirement for substance use disorder treatments to comply with trauma-informed principles of care according to the U.S. Substance Abuse and Mental Health Services Administration. The bill also requires DHHS to increase by 25% the Medicaid reimbursement rate for (i) Section 65 substance use disorder outpatient services, and, (ii) for services provided under Section 97, except for detoxification services. For those services, the bill requires to be cost-based. The bill also requires the department to amend Section 97 to change the limitations on the number of days for certain residential treatment services.

## LD 1147 Resolve, To Enhance Access to Medication Management for Individuals with Serious and Persistent Mental Illness

**Sponsor:** Rep. Madigan <http://www.legislature.maine.gov/LawMakerWeb/summary.asp?ID=280079708>

**Health & Human Services**      **Committee Status:** APP TBL  
**Public Hearing:**      **Final Status:** DEAD

This resolve provides for a 25% rate increase for the medication management services provided under Section 65 of the MaineCare manual and requires the department to amend its rules governing medication management services to respond the increased demand and complexity of the need.



## LD 1196 An Act Regarding Targets for Health Plan Investments in Primary Care and Behavioral Health

**Sponsor:** Rep. Zager <http://www.legislature.maine.gov/LawMakerWeb/summary.asp?ID=280079777>

**Health Coverage, Insurance & Financial Services**      **Committee Status:** OTPA  
**Public Hearing:**      **Final Status:** PL 2021, CH 603

Under current law, the Maine Quality Forum has been required to submit an annual report on primary care spending began in 2020. Part A requires the Maine Quality Forum to submit an annual report, beginning January 15, 2023, for behavioral health care spending based on claims data reported to the Maine Health Data Organization and information on methods of reimbursement reported by insurers.

Part B requires carriers to make all credentialing decisions on a completed application within 60 days and requires a carrier to notify a provider if an application is incomplete and needs correction within 30 days of initial receipt of an application. A carrier that is unable to make a credentialing decision on a completed credentialing application within the 60 days shall notify the bureau in writing prior to the expiration of the 60 days on that application and request authorization for an extension on that application. A carrier that requests an extension shall also submit to the bureau an explanation of the reasons why the credentialing decision on an application is taking longer than is permitted, or, if the problem is not specific to a particular application, a written remediation plan to bring the carrier's credentialing practices in line with the 60-day limit.

Part B also requires the Bureau of Insurance to review the requirements in Bureau of Insurance, Rule Chapter 850, Health Plan Accountability, related to the verification of information on credentialing applications from health care practitioners and determine whether amendments may be made to the requirements for carriers to verify certain information on a credentialing application in order to improve the ability of carriers to make a credentialing decision within 60 days without an impact on quality standards or accreditation standards.

## LD 1338 An Act To Protect Employees' Exercise of Workplace Rights

**Sponsor:** Rep. Millett <http://legislature.maine.gov/LawMakerWeb/summary.asp?ID=280080079>

**Labor & Housing**      **Committee Status:** APP TBL  
**Public Hearing:**      **Final Status:** DEAD

The bill seeks to protect employees who use earned leave from retaliation; it also adds another Department of Labor employee to enforce this law.

## LD 1357 An Act To Require Private Insurance Coverage for Postpartum Care

**Sponsor:** Sen. Carney <http://www.legislature.maine.gov/LawMakerWeb/summary.asp?ID=280080151>

**Health Coverage, Insurance and Financial Services**      **Committee Status:** APP TBL  
**Public Hearing:**      **Final Status:** PL 2021, CH 691

The law clarifies that maternity benefits provided by health insurers must include coverage for 12 months of postpartum care that meets the recommendations of the American College of Obstetricians and Gynecologists. It makes the provisions apply to both individual and group contracts issued by insurers and health maintenance organizations and changes the application date to January 1, 2023.

## LD 1386 Resolve, To Improve Access to Bariatric Care

**Sponsor:** Rep. Perry <http://www.legislature.maine.gov/LawMakerWeb/summary.asp?ID=280080219>

**Health & Human Services**      **Committee Status:** APP TBL  
**Public Hearing:**      **Final Status:** RESOVLE 2021, CH 180

This resolve requires the Department of Health and Human Services to develop a plan to provide up to 16 new specialized bariatric care nursing facility beds.





## **LD 1390 An Act To Maximize Health Care Coverage for the Uninsured through Easy Enrollment in the MaineCare Program or in a Qualified Health Plan in the Marketplace**

**Sponsor:** Rep. Evans <http://www.legislature.maine.gov/LawMakerWeb/summary.asp?ID=280080184>

**Health Coverage, Insurance and Financial Services**

**Committee Status:** APP TBL

**Public Hearing:**

**Final Status:** PL 2021, CH 715

This law establishes a process to identify individuals and families who are uninsured but potentially eligible for benefits under the MaineCare program or enrollment in a qualified health plan in the Maine Health Insurance Marketplace through the state income tax filing system. The marketplace must determine eligibility and follow up with the individual filing the tax return. A special enrollment period on the exchange is available to the uninsured individuals. The marketplace must offer assistance with the enrollment process for a qualified health plan and DHHS must offer assistance with MaineCare enrollment.

## **LD 1424 Resolve, To Change the Educational Requirements of Behavioral Health Professionals Providing Services for Children**

**Sponsor:** Rep. Salisbury <http://www.legislature.maine.gov/LawMakerWeb/summary.asp?ID=280080307>

**Health & Human Services**

**Committee Status:** APP TBL

**Public Hearing:**

**Final Status:** DEAD

This resolve changes the educational requirements for behavioral health professionals providing services for children, regardless of the setting in which the service is provided, to a minimum of 60 credit hours in a related field, 90 credit hours in an unrelated field or a high school diploma with a plan for supervision and training. The same changes to the educational requirements apply for a behavioral health professional to be eligible to receive training to provide specialized services. It also requires the Department of Health and Human Services to amend or establish contracts for training behavioral health professionals to train any number of additional individuals within existing resources, and authorizes the department to opt to charge individuals or their employers fees for training.

## **LD 1428 An Act To Increase the Availability of Intranasal Naloxone in Community and 13 Corrections Settings**

**Sponsor:** Rep. Dodge <http://www.legislature.maine.gov/LawMakerWeb/summary.asp?ID=280080313>

**Health & Human Services**

**Committee Status:** DIV RPT

**Public Hearing:**

**Final Status:** PL 2021, CH 605

This law increases the availability of intranasal naloxone hydrochloride in community and corrections settings by removing the requirement that a corrections officer possess a current and valid certificate issued by the Board of Trustees of the Maine Criminal Justice Academy in order to administer intranasal naloxone hydrochloride. The law adds the authorization for law enforcement officers, corrections officers and municipal firefighters to dispense intranasal naloxone hydrochloride in the same manner as is authorized for the administration of intranasal naloxone hydrochloride.

## **LD 1463 An Act To Make Health Care Coverage More Affordable for Working Families and Small Businesses**

**Sponsor:** Rep. Tepler <http://www.legislature.maine.gov/LawMakerWeb/summary.asp?ID=280080356>

**Health Coverage, Insurance and Financial Services**

**Committee Status:** ONTP

**Public Hearing:**

**Final Status:** DEAD

This bill:

1. Establishes the Maine Health Care Affordability Fund to fund activities and initiatives to reduce the cost of health insurance coverage for Maine residents;
2. Requires the Commissioner of Health and Human Services to adopt rules for the administration of the MHCA Fund and for the disbursement of funds from the fund to assist Maine residents;
3. Establishes the health care affordability assessment of 2.85% on carrier net premiums to provide funding and requires the Superintendent of Insurance to adopt rules for the administration and enforcement of the assessment;
4. Requires state agencies to provide technical assistance to the commissioner and the superintendent;
5. Establishes the Affordable Health Care Advisory Group, which consists of the commissioner, the superintendent and 11 additional members;
6. Requires the commissioner to submit an annual report by February 1st.



## LD 1523 An Act To Establish the Trust for a Healthy Maine

**Sponsor:** Rep. Millett <http://www.legislature.maine.gov/LawMakerWeb/summary.asp?ID=280080461>

**Health & Human Services** **Committee Status:** APP TBL  
**Public Hearing:** 2/9/2022 10:00 AM **Final Status:** DEAD

This bill establishes the Trust for a Healthy Maine to remove legislative control of the money paid to the State pursuant to the tobacco settlement and from other sources and to give control to a Board to distribute that money to state agencies or designated agents of the State to fund tobacco use prevention and control, ensure adequate resources for other disease prevention efforts, promote public health, plan and deliver public health and prevention programs and services, support accreditation of the Department of Health and Human Services, Maine CDC and support public health workforce development. The trust is governed by a 15-member board of trustees composed of the Director of the Maine CDC and 14 members appointed by the Governor.

## LD 1539 An Act To Provide Access to Fertility Care

**Sponsor:** Rep. Madigan <https://legislature.maine.gov/LawMakerWeb/summary.asp?ID=280080512>

**Health Coverage, Insurance and Financial Services** **Committee Status:** APP TBLE  
**Public Hearing:** **Final Status:** PL 2021, CH 692

This law requires carriers offering health plans in this State to provide coverage for fertility diagnostic care, for fertility treatment if the enrollee is a fertility patient and for fertility preservation services. The requirements of the bill apply to health plans issued or renewed on or after January 1, 2023.

## LD 1543 An Act To Improve and Modernize Home-based Care

**Sponsor:** Rep. Meyer <http://www.legislature.maine.gov/LawMakerWeb/summary.asp?ID=280080522>

**Health & Human Services** **Committee Status:** APP TBL  
**Public Hearing:** **Final Status:** DEAD

The bill makes several changes to the Medicaid program for home care including the provision of reimbursement for telehealth and telemonitoring for MaineCare members receiving private duty nursing, home health services and personal care services and services provided to MaineCare members.

## LD 1573 An Act To Implement the Recommendations of the Commission To Study Long-term Care Workforce Issues

**Sponsor:** Rep. Fay <http://www.legislature.maine.gov/LawMakerWeb/summary.asp?ID=280080601>

**Health & Human Services** **Committee Status:** APP TBL  
**Public Hearing:** **Final Status:** DEAD

This bill implements the recommendations of the Commission To Study Long-term Care Workforce Issues, which was established in 2019. The bill does the following.

1. It directs DHHS to establish a 2-year rebasing requirement to set and increase reimbursement rates for in-home and community support services.
2. It requires direct care workers across the long-term care spectrum to be paid no less than 125% of the minimum wage and for reimbursement rates to be set that allow this wage.
3. It requires DHHS to adopt rules to increase reimbursement rates and any state funded programs to take into account costs of providing care and services in conformity with applicable state and federal laws, rules, regulations, training requirements and quality and safety standards.
4. It establishes the Long-term Care Workforce Oversight Advisory Committee and directs DHHS, the Department of Labor and the Department of Education to provide quarterly reports on the progress and efforts to implement the recommendations.



## **LD 1584 An Act To Make Donated Medicines Available to Maine Patients at an Affordable Cost**

**Sponsor:** *Sen. Claxton* <http://www.legislature.maine.gov/LawMakerWeb/summary.asp?ID=280080544>

**Health Coverage, Insurance and Financial Services**      **Committee Status:** APP TBL  
**Public Hearing:**      **Final Status:** DEAD

This bill establishes the Medicine Donation and Redispensing Program operated by nonprofit entities contracted by the Department of Health and Human Services. The program collects donations of unused medicines from health care providers, health care facilities and other sources and redispenses the medicines to qualified low-income persons.

## **LD 1586 An Act To Strengthen Statewide Mental Health Peer Support, Crisis Intervention Mobile Response and Crisis Stabilization Unit Services and To Allow E-9-1-1 To Dispatch Using the Crisis System**

**Sponsor:** *Rep. Warren* <http://www.legislature.maine.gov/LawMakerWeb/summary.asp?ID=280080610>

**Health & Human Services**      **Committee Status:** APP TBL  
**Public Hearing:**      **Final Status:** DEAD

This bill provides funding for mental health services in the public health districts. These services include peer support, crisis lines, crisis intervention mobile response and crisis stabilization unit services. The bill also provides funding for ancillary services for mobile response services, including necessary travel and telephone conferences with clients. The bill also provides funding for a public education campaign about the availability of mental health peer support, crisis lines, crisis intervention mobile response and crisis stabilization unit services and the means by which members of the public and law enforcement agencies may access those services throughout the State. The bill also creates a framework whereby the E-9-1-1 system can dispatch using the crisis system in response to a mental health emergency.

## **LD 1597 An Act To Authorize a General Fund Bond Issue To Strengthen Maine's Health Care Workforce**

**Sponsor:** *Rep. Pierce* <http://www.legislature.maine.gov/LawMakerWeb/summary.asp?ID=280080632>

**Appropriations & Financial Affairs**      **Committee Status:**  
**Public Hearing:**      **Final Status:** DEAD

This bond provides the following: \$7,000,000 to be used for the University of New England Institute for Interprofessional Education and Practice; and \$4,000,000 to be used to upgrade the capacity of FQHCs and other community-based health care clinics and hospitals throughout the State in order to facilitate educational and clinical links with the University of New England Institute for Interprofessional Education and Practice and to enhance and expand their capacity to provide access to high-quality health care.

## **LD 1601 Resolve, To Establish an Advisory Panel To Study the Implications of Genome-editing Technology for the Citizens of the State**

**Sponsor:** *Rep. Zager* <http://www.legislature.maine.gov/LawMakerWeb/summary.asp?ID=280080639>

**Health & Human Services**      **Committee Status:** SEE 1771  
**Public Hearing:**      **Final Status:** DEAD

This resolve establishes the Advisory Panel To Study the Implications of Genome editing Technology for the Citizens of the State to study the implications of genome-editing technology and the legislative, administrative or other steps that the State should take to capitalize on the potential and avoid the hazards of genome-editing technology. The panel is directed to submit its report, including suggested legislation, by December 31, 2022.

## **LD 1608 An Act To Expand the MaineCare Program To Cover All Citizens of the State**

**Sponsor:** *Rep. Sylvester* <http://www.legislature.maine.gov/LawMakerWeb/summary.asp?ID=280080619>

**Health & Human Services**      **Committee Status:** DIV RPT  
**Public Hearing:**      **Final Status:** DEAD

This bill establishes a single-payer health care program in the State that provides health care services for Maine residents. The bill directs DHHS to consult with the Department of Labor and the Bureau of Insurance to develop the program by 2023.



## **LD 1636 An Act To Determine Potential Savings in Prescription Drug Costs by Using International Pricing**

**Sponsor:** *Sen. Claxton* <http://www.legislature.maine.gov/LawMakerWeb/summary.asp?ID=280080692>

**Health Coverage, Insurance and Financial Services**      **Committee Status:** OTPA  
**Public Hearing:** 2/15/2022 10:00 AM      **Final Status:** PL 2021, CH 606

Beginning January 1, 2023, the law requires the Maine Health Data Organization to annually report on the 100 most costly prescription drugs and the 100 most frequently prescribed prescription drugs in the State determined based on the payments reported in the organization's claims database for the most current 12-month period and determine the potential savings that could be achieved by subjecting those drugs to a referenced rate. The referenced rate must be calculated as the lowest cost from official publications of certain Canadian provincial government agencies and the wholesale acquisition cost.

## **LD 1693 An Act To Advance Health Equity and Improve the Well-being of All Maine People**

**Sponsor:** *Rep. Talbot Ros* <http://legislature.maine.gov/LawMakerWeb/summary.asp?paper=HP1258&SessionID=14>

**Health & Human Services**      **Committee Status:** APP TBL  
**Public Hearing:** 2/9/2022 10:00 AM      **Final Status:** DEAD

It establishes the Office of Population Health Equity within the Department of Health and Human Services. The office is tasked with providing advice to the state and recommendations to advance health equity in all sectors and settings; producing and updating a state health equity plan; and producing an annual Maine Health Equity Report Card.

## **LD 1701 An Act To Establish a Managed Care Program for MaineCare Services**

**Sponsor:** *Rep. Millett* <http://www.legislature.maine.gov/LawMakerWeb/summary.asp?ID=280080853>

**Health & Human Services**      **Committee Status:** ONTP  
**Public Hearing:**      **Final Status:** DEAD

This bill establishes a managed care program for all covered MaineCare services. It requires DHHS to issue a request for proposals for 3 managed care organizations that are able to operate the managed care program on a statewide basis. Rollout would be staggered but that within 4 years all eligible MaineCare members must be enrolled in managed care programs.

## **LD 1706 An Act To Require Appropriate Coverage of and Cost-sharing for Generic Drugs and Biosimilars**

**Sponsor:** *President Jackso* <http://www.legislature.maine.gov/LawMakerWeb/summary.asp?ID=280080872>

**Health Coverage, Insurance & Financial Services**      **Committee Status:** ONTP  
**Public Hearing:**      **Final Status:** DEAD

This bill requires that formularies for prescription drugs approved for coverage under a health plan contain tiers of generic drugs or biosimilars that are equivalent to the approved branded drugs, and that cost-sharing through coinsurance or a copayment make the cost of the generic drug or biosimilar meaningfully lower than the cost of the equivalent branded drug.

## **LD 1722 An Act To Ensure Access to All Paths to Recovery for Persons Affected by Opioids Using Money Obtained through Litigation against Opioid Manufacturers**

**Sponsor:** *Rep. Warren* <http://www.legislature.maine.gov/LawMakerWeb/summary.asp?ID=280080952>

**Health & Human Services**      **Committee Status:** OTPA  
**Public Hearing:**      **Final Status:** PL 2021, CH 661

The law provides that funds received from opioid litigation may be deposited into the account described by a memorandum of understanding between the Attorney General's office and local stakeholders to receive funding from recently settled litigation. The memorandum establishes the terms under which these funds may be spent. It establishes the Maine Recovery Council to direct fund disbursement. The law requires the Attorney General to, by February 1st of each year, submit a report to the HHS Committee describing the activities of the council and the status of the Maine Recovery Fund and listing information on fund disbursements and information related to the outcomes of funded activities.



## LD 1747 An Act To Require Screening for Cytomegalovirus in Certain Newborn Infants

**Sponsor:** *Sen. Breen* <https://legislature.maine.gov/LawMakerWeb/summary.asp?ID=280081930>

**Health & Human Services**

**Committee Status:** APP TBL

**Public Hearing:** 1/12/2022 1:00 PM

**Final Status:** PL 2021, CH 698

This law requires DHHS to establish a cytomegalovirus screening program for newborn infants.

## LD 1755 An Act To Enhance the Child Welfare Ombudsman Program

**Sponsor:** *Sen. Curry* <https://legislature.maine.gov/LawMakerWeb/summary.asp?ID=280081933>

**Health & Human Services**

**Committee Status:** ONTP

**Public Hearing:** 2/17/2022 1:00 PM

**Final Status:** DEAD

This bill makes many changes to the laws governing the ombudsman program that provides ombudsman services to the children and families of the State regarding child welfare services provided by the Department of Health and Human Services. Most of the changes are organizational and deal with staffing, budgets, appointments and interactions with the legislature. NOTE: Contents moved into Supplemental Budget

## LD 1758 An Act Regarding Access to Telehealth Behavioral Health Services during Public Health Emergencies

**Sponsor:** *Rep. Madigan* <https://legislature.maine.gov/LawMakerWeb/summary.asp?ID=280081976>

**Health & Human Services**

**Committee Status:** OTP

**Public Hearing:** 1/18/2022 10:00 AM

**Final Status:** PL 2021, CH 637

This law provides that the Department of Health and Human Services may not require a licensed mental health facility or licensed substance use disorder treatment facility to obtain written informed consent from a client during a federal or state public health emergency. The licensed facility may instead obtain a client's consent verbally, electronically or in writing. The bill directs the DHHS to, no later than January 1, 2023, amend its rules to meet the requirements of this legislation.

## LD 1761 An Act To Amend the Inspection Requirement for Facilities for Children and Adults with a National Accreditation

**Sponsor:** *Rep. Meyer* <https://legislature.maine.gov/LawMakerWeb/summary.asp?ID=280081982>

**Health & Human Services**

**Committee Status:** OTP

**Public Hearing:** 1/25/2022 1:00 PM

**Final Status:** PL 2021, CH 532

Current law provides that if a person, firm, corporation or association operating a residential care facility, assisted housing program, drug treatment center, children's home, child placing agency, child care facility or adult day care program has received and maintained accreditation from a national accreditation body approved by the department, the entity must be deemed in compliance with state licensing rules. This bill provides instead that the entity may be determined by the department to be in compliance with state licensing rules.

## LD 1771 Resolve, To Establish the Advisory Panel To Better Understand and Make Recommendations Regarding the Implications of Genome-editing Technology for the Citizens of the State

**Sponsor:** *Rep. Zager* <https://legislature.maine.gov/LawMakerWeb/summary.asp?ID=280081979>

**Health & Human Services**

**Committee Status:** STUDY TBL

**Public Hearing:** 1/12/2022 10:00 AM

**Final Status:** RESOLVE 2021, CH 177

This resolve establishes the Advisory Panel To Better Understand and Make Recommendations Regarding the Implications of Genome-editing Technology for the Citizens of the State to study the implications of genome-editing technology and the legislative, administrative or other steps that the State should take to capitalize on the potential and avoid the hazards of genome-editing technology. The panel is directed to submit its report, including suggested legislation, by December 31, 2023.



## LD 1776 An Act To Allow Pharmacists To Dispense an Emergency Supply of Chronic Maintenance Drugs

**Sponsor:** Rep. Roeder <https://legislature.maine.gov/LawMakerWeb/summary.asp?ID=280081989>

**Health Coverage, Insurance and Financial Services**      **Committee Status:** OTPA  
**Public Hearing:** 1/20/2022 10:00 AM      **Final Status:** PL 2021, CH 566

The law allows a pharmacist to dispense an emergency supply of a chronic maintenance drug to a patient without a prescription if the pharmacist is unable to obtain authorization to refill the prescription from a health care provider and the pharmacist has a record of the prescription in the name of the patient, including the amount of the drug dispensed in the most recent prescription or the standard unit of dispensing the drug, and that record does not indicate that no emergency supply is permitted. The law prohibits the dispensing of controlled substances included in Schedules I and II under the federal Controlled Substances Act.

The law limits the amount dispensed to up to a 30-day supply or, if the standard unit of dispensing exceeds a 30-day supply, to the smallest standard unit of dispensing and further prohibits a pharmacist from dispensing the chronic maintenance drug in an emergency supply to the same patient more than twice in a 12-month period except that, if the drug is included on Schedule III or IV of the federal Controlled Substances Act, the amount dispensed may not exceed a 7-day supply.

The law requires the pharmacist to make a professional judgment that the prescription is essential to sustain the life of the patient or to continue therapy for a chronic condition of the patient and that failure to dispense the drug could reasonably produce undesirable health consequences or cause physical or mental discomfort.

The law adds a requirement that the pharmacist notify the practitioner who issued the prescription or another practitioner responsible for the patient's care no later than 72 hours after the emergency supply is dispensed. It requires health insurance plans to make available coverage for an emergency supply of a chronic maintenance drug dispensed in this manner. Any cost sharing requirement applicable to that chronic maintenance drug may be imposed by a health insurer on an emergency supply.

## LD 1778 An Act To Improve Health Care Affordability and Increase Options for Comprehensive Coverage for Individuals and Small Businesses in Maine

**Sponsor:** Rep. Evans <https://legislature.maine.gov/LawMakerWeb/summary.asp?ID=280081992>

**Health Coverage, Insurance and Financial Services**      **Committee Status:** DIV RPT  
**Public Hearing:** 1/11/2022 10:00 AM      **Final Status:** PL 2021, CH 518

This law directs the Office of Affordable Health Care, beginning in 2023, to analyze barriers to affordable health care and coverage and develop proposals on potential methods to improve health care affordability and coverage for individuals and small businesses in the State. It also requires the office to study the effects of policies aimed at improving health care affordability and coverage, including effects on the affordability of premiums and cost-sharing in the individual and small group health insurance markets, and the effects of the policies on enrollment in comprehensive health coverage. It directs the office to provide a report of its findings no later than January 1, 2024.

## LD 1781 An Act To Align Postpartum MaineCare Coverage with Federal Law

**Sponsor:** Sen. Carney <https://legislature.maine.gov/LawMakerWeb/summary.asp?ID=280082074>

**Health & Human Services**      **Committee Status:** OTPA  
**Public Hearing:** 1/12/2022 10:00 AM      **Final Status:** PL 2021, CH 519

The purpose of this bill is to align state law with the requirements under federal law in order to avoid delays in implementation and provide a more efficient rollout of technology and rulemaking without changes to existing appropriations and allocations.

The bill accomplishes the following, if authorized by federal law.

1. It expands postpartum MaineCare coverage for a qualified woman and a noncitizen legally admitted to the United States to 12 months (from 6 months) beginning August 1, 2022.
2. It expands a qualified woman's eligibility for postpartum MaineCare coverage by increasing the nonfarm income official poverty line requirement from 200% to 209%.
3. It clarifies that in order to receive postpartum MaineCare coverage a noncitizen legally admitted to the United States must otherwise be eligible for MaineCare.



## LD 1787 An Act To Improve the Quality and Affordability of Primary Health Care Provided by Federally Qualified Health Centers

**Sponsor:** *Sen. Claxton* <https://legislature.maine.gov/LawMakerWeb/summary.asp?ID=280082101>

**Health & Human Services**

**Committee Status:** APP TBL

**Public Hearing:** 2/22/2022 1:00 PM

**Final Status:** PL 2021, CH 747

1. By December 31, 2022, the Department of Health and Human Services must provide for a rebasing of federally qualified health center prospective payment system rates to fiscal year 2017-18 and 2018-19 average actual costs inflated to the current year using the federally qualified health center market basket percentage published by the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services, as an alternative to the existing payment method that relies on costs from 1999 and 2000 inflated using the Medicare Economic Index as published in the Federal Register;
2. Adjustments to federally qualified health center rates for changes in the scope of services must reflect costs incurred and must be made for material changes in type, intensity, duration or quantity of services provided or in the characteristics of the population receiving a service that affect the cost of the service;
3. The Department of Health and Human Services may develop alternative value-based payment models in accordance with federal law; and
4. Rules adopted to implement this legislation are major substantive rules.

## LD 1790 An Act To Ensure Equitable Geographic Access to Long-term Care Services in the Department of Health and Human Services

**Sponsor:** *Pres. Jackson* <https://legislature.maine.gov/LawMakerWeb/summary.asp?ID=280082105>

**Health & Human Services**

**Committee Status:** ONTP

**Public Hearing:** 2/15/2022 10:00 AM

**Final Status:** DEAD

This bill requires that access to in-home and community support services for adults with long-term care needs be equitably distributed across geographic areas of the State and provides that, at a minimum, providers must be available for telephonic or in-person meetings in order to provide services in every county in the State. The bill authorizes the Department of Health and Human Services to adopt routine technical rules to implement these provisions.

## LD 1791 An Act Directing the Department of Health and Human Services To Provide Notice to Hospitals of Nursing Facility Closures

**Sponsor:** *Sen. Luchini* <https://legislature.maine.gov/LawMakerWeb/summary.asp?ID=280082106>

**Health & Human Services**

**Committee Status:** ONTP

**Public Hearing:** 2/15/2022 10:00 AM

**Final Status:** DEAD

This bill requires the Department of Health and Human Services to provide notice of a nursing facility's voluntary closure to all hospitals that are located in the same county as the nursing facility and to each hospital that is located in an adjacent county if the hospital is within 25 miles of the nursing facility. The department must provide the notice within 2 business days after receiving notice of the closure from the nursing facility. NOTE: DHHS will take action by rule.

## LD 1804 An Act To Provide Consistency in the Laws Regarding Domestic Partners

**Sponsor:** *Rep. Roberts* <https://legislature.maine.gov/LawMakerWeb/summary.asp?ID=280082122>

**Judiciary**

**Committee Status:** DIV RPT

**Public Hearing:** 1/14/2022 9:00 AM

**Final Status:** PL 2021, CH 567

This law provides consistency throughout the Maine Revised Statutes by enacting as a subsection in the general words and phrases statute that applies to all of the Maine Revised Statutes the definition of "domestic partner" included in the Maine Uniform Probate Code. The law repeals all other definitions of "domestic partner." It incorporates into the laws governing custody of the remains of deceased persons and governing anatomical gifts language from the Uniform Health Care Decisions Act that is used to determine who may act as a surrogate to make health care decisions. In circumstances in which evidence is required to verify the existence of a domestic partnership, those who have registered as domestic partners with the Department of Health and Human Services, Vital Statistics need only show that they are registered.



## LD 1807 An Act To Expand Nursing Education Programs

**Sponsor:** *Sen. Daughtry* <https://legislature.maine.gov/LawMakerWeb/summary.asp?ID=280082134>

**Education & Cultural Affairs**

**Committee Status:** APP TBL

**Public Hearing:** 2/22/2022 10:30 AM

**Final Status:** DEAD

This bill provides \$2.5 million to the Maine Community College System to expand nursing education programs. NOTE: Contents also in budget.

## LD 1822 An Act To Improve Access to Behavioral Health Services by Prohibiting Cost Sharing by Insurers

**Sponsor:** *Rep. Morales* <https://legislature.maine.gov/LawMakerWeb/summary.asp?ID=280082167>

**Health Coverage, Insurance & Financial Services**

**Committee Status:** OTPA

**Public Hearing:** 1/11/2022 10:00 AM

**Final Status:** PL 2021, CH 638

With respect to individual and small group health plans with an effective date on or after January 1, 2023, the law requires that, following the first visit provided without cost sharing, the copay amount for a behavioral health office visit may not be greater than the copayment amount for a primary care office visit and that any copays for a primary care office visit and a behavioral health office visit must count toward the deductible. With respect to a group health plan other than a small group health plan, the law requires that coverage must be provided without cost sharing for the first primary care office visit and first behavioral health office visit in each plan year and that, following the first visit, the copay amount for a behavioral health office visit may not be greater than the copayment amount for a primary care office visit. The law also requires carriers to demonstrate compliance with federal mental health parity laws and directs the Superintendent of Insurance to take certain actions, including examination and reporting requirements, related to enforcement of mental health parity laws. These requirements are repealed on April 30, 2028.

## LD 1837 An Act To Clarify the Appeals Process for Decisions Related to the Maine Health Insurance Marketplace

**Sponsor:** *Sen. Sanborn* <https://legislature.maine.gov/LawMakerWeb/summary.asp?ID=280082207>

**Health Coverage, Insurance and Financial Services**

**Committee Status:** OTPA

**Public Hearing:** 1/20/2022 10:00 AM

**Final Status:** PL 2021, CH 511 (emergen

This bill provides that an appeal decision made by the Department of Health and Human Services' administrative hearings unit, which is the appeals entity for the Maine Health Insurance Marketplace, is not subject to judicial review under the Maine Administrative Procedure Act and the Maine Rules of Civil Procedure, Rule 80C. The bill specifies that a decision in such a case may be appealed to the United States Department of Health and Human Services pursuant to 45 Code of Federal Regulations, Section 22.155.520(c).

## LD 1841 Resolve, Regarding Legislative Review of Portions of Chapter 283: Newborn Bloodspot Screening Rule, Section 14, a Major Substantive Rule of the Department of Health and Human Services, Maine Center for Disease Control and Prevention

**Sponsor:** <https://legislature.maine.gov/LawMakerWeb/summary.asp?ID=280082217>

**Health & Human Services**

**Committee Status:** OTP

**Public Hearing:** 1/18/2022 10:00 AM

**Final Status:** PL 2021, CH 124

This resolve provides for legislative review of portions of Chapter 283: Newborn Bloodspot Screening Rule, Section 14, a major substantive rule of the Department of Health and Human Services, Maine Center for Disease Control and Prevention.

The rule expands the list of congenital, genetic and metabolic conditions for Maine's newborn bloodspot screening (NBS) panel to include the following four conditions recently added to the U.S. DHHS Recommended Universal Screening Panel and recommended by the Maine Joint Advisory Committee for Newborn Bloodspot Screening: Pompe, Mucopolysaccharidosis Type 1 (MPS-1), X-linked Adrenoleukodystrophy (X-ALD), and Spinal Muscular Atrophy (SMA). In this same rulemaking, pursuant to 5 MRS 8072, the Department is also proposing a major substantive rule change to increase the filter paper fee from \$110 to \$220, which is required for NBS specimen collection. (22-A MRS 210).





## LD 1842 Resolve, Regarding Legislative Review of Portions of Chapter 120: Release of Data to the Public, a Major Substantive Rule of the Maine Health Data Organization

**Sponsor:** <https://legislature.maine.gov/LawMakerWeb/summary.asp?ID=280082218>

**Health Coverage, Insurance and Financial Services**

**Committee Status:** OTP

**Public Hearing:** 1/20/2022 10:00 AM

**Final Status:** RESOLVE 2021, CH 129

This resolve provides for legislative review of portions of Chapter 120: Release of Data to the Public, a major substantive rule of the Maine Health Data Organization.

According to the MHDO summary: These proposed changes updates definitions and several data elements allowable for release to authorized data recipients based on how our data user's needs have changed; and due to new and existing laws that allow for the collection of certain data elements as well as the release of these data, including PL 2021, Chapter 423 and PL 2017, Chapter 218.

## LD 1848 An Act To Increase the Availability of Assertive Community Treatment Services

**Sponsor:** Rep. Madigan <https://legislature.maine.gov/LawMakerWeb/summary.asp?ID=280082224>

**Health & Human Services**

**Committee Status:** OTPA

**Public Hearing:** 1/18/2022 10:00 AM

**Final Status:** PL 2021, CH 540

This law amends the behavioral and developmental services law regarding mental health hospitalization to add the definition of "prescriber," which is defined to mean a licensed health care provider with authority to prescribe, including a licensed physician, certified nurse practitioner or licensed physician assistant who has training or experience in psychopharmacology. It also amends the definition of "assertive community treatment" to change the composition of the multidisciplinary team that provides assertive community treatment by removing reference to the term "psychiatrist" and replacing it with the term "prescriber."

## LD 1849 An Act To Clarify Inspection Requirements for Hospitals and Certain Nursing Facilities

**Sponsor:** Rep. Meyer <https://legislature.maine.gov/LawMakerWeb/summary.asp?ID=280082225>

**Health & Human Services**

**Committee Status:** OTPA

**Public Hearing:** 1/25/2022 1:00 PM

**Final Status:** PL 2021, CH 541

The law provides that a hospital is exempt from inspection by the Maine Department of Health and Human Services if it submits to the department a copy of its accreditation survey results completed by a health care facility accrediting organization, including a statement of any deficiencies and corresponding plan of correction. Such surveys are not public documents and are exempt from disclosure.

## LD 1853 Resolve, To Increase Oversight of the Child Welfare System

**Sponsor:** Sen. Claxon <https://legislature.maine.gov/LawMakerWeb/summary.asp?ID=280081932>

**Health & Human Services**

**Committee Status:** OTPA

**Public Hearing:** 2/17/2022 1:00 PM

**Final Status:** RESOLVE 2021, CH 142

The resolve enacts reporting requirements as follows.

1. The child welfare advisory panel and the child death and serious injury review panel are required to submit quarterly reports to the HHS committee on the child welfare system and efforts to collaborate between the citizen review panels required by the federal Child Abuse Prevention and Treatment Act.
2. The Department of Health and Human Services, Office of Child and Family Services is required to submit quarterly reports to the HHS committee regarding progress in implementing the recommendations of the Casey Family Programs and Collaborative Safety report completed for the department in October 2021, responses to recommendations from the child welfare advisory panel and progress in efforts described in the department's annual report on child welfare.



## LD 1855 An Act Regarding Point-of-dispensing Sites for Immunizations against COVID-19

**Sponsor:** *Sen. Sanborn* <https://legislature.maine.gov/LawMakerWeb/summary.asp?ID=280081938>

**Health Coverage, Insurance & Financial Services**      **Committee Status:** OTPA  
**Public Hearing:** 1/27/2022 10:00 AM      **Final Status:** PL 2021, CH 509 (emergen)

Public Law 2021, chapter 28 governs the permitted delegation of COVID-19 vaccine administration at point-of-dispensing vaccine sites, but that law is effective only during the state of emergency declared by the Governor as of March 15, 2020 and the renewals of that declaration. This bill expands the applicability of that law so that it applies beyond a declared state of emergency.

## LD 1858 An Act Regarding Delegating Authority for Services Performed by Emergency Medical Services Personnel in Health Care Facilities

**Sponsor:** *Sen. Farrin* <https://legislature.maine.gov/LawMakerWeb/summary.asp?ID=280082133>

**Health Coverage, Insurance & Financial Services**      **Committee Status:** OTPA  
**Public Hearing:** 1/27/2022 10:00 AM      **Final Status:** PL 2021, CH 587 (Emergen)

This law clarifies the criteria for which licensed emergency medical services persons may provide medical services in health care facility settings in addition to hospital settings, as provided in current law, under delegated authority. It authorizes emergency medical services persons to provide services described in a pilot project approved by the Emergency Medical Services' Board on 31 October 6, 2021, which services are within the lawful scope of practice for emergency medical services persons pursuant to statute, as long as the pilot project remains approved. It also directs the Board of Licensure in Medicine and the Board of Osteopathic Licensure, in consultation with the Emergency Medical Services' Board and interested stakeholders, to develop guidance under which physicians and physician assistants may delegate activities to an individual acting contemporaneously pursuant to a contractual arrangement as a medical assistant under delegated authority and as a licensed emergency medical services person. The boards are required to submit a report including the guidance and any recommendations for statutory changes to the Legislature no later than January 31, 2023.

## LD 1859 An Act To Build More Sustainable Ambulance Services in Communities

**Sponsor:** *Sen. Curry* <https://legislature.maine.gov/LawMakerWeb/summary.asp?ID=280082178>

**Criminal Justice & Public Safety**      **Committee Status:** APP TBL  
**Public Hearing:**      **Final Status:** PL 2021, CH 700

This law creates a pilot program to provide financial assistance to communities that plan to examine or are examining the provision of emergency medical services and are considering a new, financially stable structure for delivering emergency medical services that provides high quality services effectively and efficiently. It requires recipients of grant funding to report to the Emergency Medical Services Board as required by the board.

## LD 1867 An Act To Codify MaineCare Rate System Reform

**Sponsor:** *Rep. Meyer* <https://legislature.maine.gov/LawMakerWeb/summary.asp?ID=280082281>

**Health & Human Services**      **Committee Status:** OTPA  
**Public Hearing:** 2/2/2022 1:00 PM      **Final Status:** PL 2021, CH 639

This law formalizes the Department of Health and Human Services' MaineCare provider reimbursement rate system reform effort by establishing rate development principles and processes, specifying rule-making requirements for rate adjustments, ensuring access to a funding source, as needed, for associated rate adjustments and establishing an expert technical advisory panel to assist the DHHS on MaineCare rates and payment models.

## LD 1868 An Act To Restore Funding to the State's Tobacco Prevention and Control Program

**Sponsor:** *Rep. Cloutier* <https://legislature.maine.gov/LawMakerWeb/summary.asp?ID=280082283>

**Health & Human Services**      **Committee Status:** APP TBL  
**Public Hearing:** 2/3/2022 1:00 PM      **Final Status:** PL 2021, CH 748

This law provides ongoing \$7.5 million allocations to the Tobacco Prevention and Control Program.



## **LD 1877 An Act To Prohibit Prior Authorization Requirements and Step Therapy Protocols for Medications Addressing Serious Mental Illness for MaineCare Recipients**

**Sponsor:** Rep. Madigan <https://legislature.maine.gov/LawMakerWeb/summary.asp?ID=280082277>

**Health & Human Services** **Committee Status:** APP TBL  
**Public Hearing:** 2/2/2022 1:00 PM **Final Status:** DEAD

This bill prohibits prior authorization requirements and step therapy protocols under the MaineCare program for prescription drugs used to assess or treat serious mental illness.

## **LD 1879 An Act To Support Law Enforcement Officers, Corrections Officers, E-9-1-1 Dispatchers, Firefighters and Emergency Medical Services Persons Diagnosed with Post-traumatic Stress Disorder**

**Sponsor:** Rep. Sylvester <https://legislature.maine.gov/LawMakerWeb/summary.asp?ID=280082282>

**Labor & Housing** **Committee Status:** OTPA  
**Public Hearing:** 1/31/2022 9:00 AM **Final Status:** PL 2021, CH 629

This law extends the sunset of the underlying 'rebuttable presumption' statute that is due to occur in 2022. It also creates a series of 'report-back' obligations to the legislature so it can monitor the cost impact of the presumption.

## **LD 1881 An Act To Clarify the Laws Related to the Use of Medical Marijuana and Workers' Compensation**

**Sponsor:** Rep. Dillingham <https://legislature.maine.gov/LawMakerWeb/summary.asp?ID=280082287>

**Labor & Housing** **Committee Status:** DIV RPT  
**Public Hearing:** 1/31/2022 9:00 AM **Final Status:** DEAD

This bill provides that:

1. A decision, lump-sum settlement or agreement under the Maine Workers' Compensation Act of 1992 may not prohibit an employee from engaging in conduct as a qualifying patient pursuant to the Maine Medical Use of Marijuana Act;
2. The Maine Medical Use of Marijuana Act may not be construed to require an insurance company providing workers' compensation insurance to reimburse a qualifying patient for costs associated with the medical use of marijuana; and
3. The Workers' Compensation Board must exclude evidence of an employee engaging in conduct as a qualifying patient authorized by the Maine Medical Use of Marijuana Act in any proceedings before the board.

## **LD 1889 An Act To Amend the Whistleblowers' Protection Act To Ensure Coverage in Unionized Workplaces**

**Sponsor:** Rep. Harnett <https://legislature.maine.gov/LawMakerWeb/summary.asp?ID=280082306>

**Labor & Housing** **Committee Status:** DIV RPT  
**Public Hearing:** 2/2/2022 9:00 AM **Final Status:** PL 2021, CH 589

This law changes the Whistleblowers' Protection Act in order to clarify its scope. It repeals a section of the Whistleblowers' Protection Act that was interpreted by the Maine Supreme Judicial Court in Nadeau v. Twin Rivers Paper Company, LLC, 2021 ME 16, 247 A.3d 717 as a bar to enforcement of the Act in many cases in which a collective bargaining agreement is in place.



## LD 1910 An Act To Improve Children's Mental Health by Requiring Insurance Coverage for Certain Mental Health Treatment

**Sponsor:** Rep. Tepler <https://legislature.maine.gov/LawMakerWeb/summary.asp?ID=280082388>

**Health Coverage, Insurance & Financial Services**      **Committee Status:** OTPA  
**Public Hearing:** 1/27/2022 10:00 AM      **Final Status:** PL 2021, CH 595

The law clarifies that health insurance carriers may not deny treatment for mental health treatment services that use evidence-based practices and are determined to be medically necessary health care for an individual 21 years of age or younger. It defines "evidence-based practices" as clinically sound and scientifically based policies, practices and programs that reflect expert consensus on the prevention, treatment and recovery science including, but not limited to, policies, practices and programs published and disseminated by the U.S. DHHS, Substance Abuse and Mental Health Services Administration the California Evidence Based Clearinghouse for Child Welfare, the What Works Clearinghouse, and the Title IV-E Prevention Services Clearinghouse. The amendment also makes technical changes to state law requirements related to mental health parity to be consistent with federal law and regulations. Changes to the mental health parity provisions were initially codified in state law in PL 2019, chapter 5, Part D. This amendment makes further technical changes that were not included at that time.

## LD 1920 An Act To Enact the Interstate Counseling Compact To Address Inequities in Access to Clinical Counseling Services and Increase Maine's Provider Workforce

**Sponsor:** Rep. McCreight <https://legislature.maine.gov/LawMakerWeb/summary.asp?ID=280082464>

**Health Coverage, Insurance & Financial Services**      **Committee Status:** OTP  
**Public Hearing:** 1/27/2022 10:00 AM      **Final Status:** PL 2021, CH 547

This bill enacts the Interstate Counseling Compact, which provides a mechanism to facilitate interstate practice of licensed professional counselors in order to improve public access to professional counseling services. The form, format and text of the Interstate Counseling Compact have been changed minimally so as to conform to Maine statutory conventions. The changes are technical in nature and it is the intent of the Legislature that this compact be interpreted as substantively the same as the Interstate Counseling Compact that is enacted by other member states.

## LD 1938 An Act To Prohibit Discriminatory Practices Related to the 340B Drug Pricing Program

**Sponsor:** Sen. Claxton <https://legislature.maine.gov/LawMakerWeb/summary.asp?ID=280082442>

**Health Coverage, Insurance & Financial Services**      **Committee Status:** ONTP  
**Public Hearing:** 2/15/2022 10:00 AM      **Final Status:** DEAD

This bill prohibits certain discriminatory practices related to the 340B drug pricing program within the United States Department of Health and Human Services, Health Resources and Services Administration, which allows eligible entities to purchase discounted prescription drugs. Generally speaking, it does not allow payers to steer patients away from either 340B drugs or 340B pharmacies. It also prohibits carriers from having two prices for the same drug if the difference is designed to capture the 340B savings that are not intended to benefit carriers.

## LD 1945 An Act To Regulate the Use of Biometric Identifiers

**Sponsor:** Rep. O'Neil <https://legislature.maine.gov/LawMakerWeb/summary.asp?ID=280082583>

**Judiciary**      **Committee Status:** DIV RPT  
**Public Hearing:** 2/22/2022 9:00 AM      **Final Status:** DEAD

This bill provides for an individual's privacy regarding the collection and use of biometric identifiers of the individual and personal information connected to the biometric identifiers. The bill requires a written release from an individual before a private entity may obtain or use biometric identifiers and requires the private entity to establish a policy for retention and destruction of the identifiers. The bill provides for a private right of action for an aggrieved individual who has had biometric identifiers obtained or used in violation of the new provisions. The bill also provides that violations of provisions related to biometric identifiers constitute violations of the Maine Unfair Trade Practices Act.



## LD 1952 Resolve, To Extend the Commission To Develop a Paid Family and Medical Leave Benefits Program

**Sponsor:** *Sen. Daughtry* <https://legislature.maine.gov/LawMakerWeb/summary.asp?ID=280082669>

**Labor & Housing**

**Committee Status:** Study Table

**Public Hearing:** 3/16/2022 9:30 AM

**Final Status:** DEAD

The legislature established the Commission To Develop a Paid Family and Medical Leave Benefits Program last year. It met several times during 2021. This resolve extends the date for the commission to submit its report to November 2, 2022.

## LD 1954 An Act To Ensure Access to Prescription Contraceptives

**Sponsor:** *Pres. Jackson* <https://legislature.maine.gov/LawMakerWeb/summary.asp?ID=280082699>

**Health Coverage, Insurance & Financial Services**

**Committee Status:** Maj. OTPA

**Public Hearing:** 2/15/2022 1:00 PM

**Final Status:** PL 2021, CH 609

This law requires health insurance policies to cover all contraceptive drugs, devices and products approved by the federal Food and Drug Administration without any deductible, coinsurance, copayment or other cost-sharing requirement. If the federal Food and Drug Administration has approved one or more therapeutic equivalents of a contraceptive supply, an insurer or a health maintenance organization is not required to cover all those therapeutically equivalent versions, as long as at least one is covered without any deductible, coinsurance, copayment or other cost-sharing requirement. It also requires all individual and group nonprofit hospital and medical services plan policies and contracts and all nonprofit health plan policies and contracts that provide coverage for prescription drugs or outpatient services to provide coverage for the furnishing or dispensing of prescribed contraceptive drugs, devices and products intended to last for a 12-month period, as is required of other types of health insurance policies.

## LD 1968 An Act To Expand Access to Mental Health and Crisis Care for Individuals in Jails and Individuals Experiencing Homelessness

**Sponsor:** *Rep. Talbot Ros* <https://legislature.maine.gov/LawMakerWeb/summary.asp?ID=280082761>

**Health & Human Services**

**Committee Status:** APP TBL

**Public Hearing:** 3/1/2022 1:00 PM

**Final Status:** PL 2021, CH 757

As enacted this require an appropriate placement in an institution for the care and treatment of persons with mental illness within 30 days from the time the court transmits an order to the State Forensic Service committing a defendant to the custody of the Commissioner of Health and Human Services unless there are extraordinary circumstances.

## LD 1973 An Act To Support Frontline Health Care Workers by Waiving Professional Licensing Fees

**Sponsor:** *President Jackso* <https://legislature.maine.gov/LawMakerWeb/summary.asp?ID=280082759>

**Health Coverage, Insurance & Financial Services**

**Committee Status:** ONTP

**Public Hearing:** 2/24/2022 10:00 AM

**Final Status:** DEAD

This bill waives professional licensing fees for emergency medical services persons, registered nurses, licensed practical nurses, respiratory care practitioners, midwives and persons associated with those practices for the period from March 1, 2020 to December 31, 2022. It requires that any professional licensing fees paid by such a person for that period be refunded to that person.



## **LD 1988 An Act To Establish That the Provision of Emergency Medical Services by an Ambulance Service Is an Essential Service and To Establish the Blue Ribbon Commission To Study Emergency Medical Services in the State**

**Sponsor:** Rep. Talbot Ros <https://legislature.maine.gov/LawMakerWeb/summary.asp?ID=280082863>

**Criminal Justice & Public Safety**

**Committee Status:** APP TBL

**Public Hearing:** 3/4/2022 10:00 AM

**Final Status:** PL 2021, CH 749

This law establishes the Blue Ribbon Commission To Study Emergency Medical Services in the State. The commission must examine and make recommendations on the support of and delivery of emergency medical services in the State and may look at all aspects of emergency medical services, including but not limited to workforce development, training, compensation, retention, costs, reimbursement rates, organization and local and state support.

No later than December 7, 2022, the commission must submit a report that includes its findings and recommendations, including suggested legislation, to the joint standing committee of the Legislature having jurisdiction over public safety matters.

## **LD 1993 An Act To Establish a Progressive Treatment Program Monitor**

**Sponsor:** <https://legislature.maine.gov/LawMakerWeb/summary.asp?ID=280082878>

**Health & Human Services**

**Committee Status:** APP TBL

**Public Hearing:** 3/1/2022 10:30 AM

**Final Status:** DEAD

This bill establishes a progressive treatment program monitor position within the Department of Health and Human Services. The monitor's duties include developing and delivering standardized training to progressive treatment program stakeholders; ensuring that patients' rights are maintained, that progressive treatment programs are based on adequate risk assessment and that treatment is appropriate and coordinated; collecting and reviewing data on progressive treatment program outcomes statewide; and submitting recommendations to the Legislature regarding needed changes to laws governing the progressive treatment program. The bill also directs the department to establish 46 mechanisms by which an existing progressive treatment program can be maintained during an involuntary hospitalization ordered by a court or by which an existing progressive treatment program can be expeditiously renewed or amended following such a commitment, if determined clinically appropriate, necessary to maintain safety and in accordance with patient rights. By November 1, 2023, the department must make recommendations to the joint standing committee of the Legislature having jurisdiction over health and human services matters with legislation necessary to achieve these goals.

## **LD 1994 An Act To Establish the Progressive Treatment Program Fund**

**Sponsor:** <https://legislature.maine.gov/LawMakerWeb/summary.asp?ID=280082879>

**Health & Human Services**

**Committee Status:** APP TBL

**Public Hearing:** 3/1/2022 10:30 AM

**Final Status:** PL 2021, CH 745

This law establishes the Progressive Treatment Program Fund as a fund under the administration of DHHS. The purpose of the fund is to reimburse the legal costs incurred by private entities for initiation of progressive treatment programs. It requires a private entity seeking reimbursement to submit to DHHS an itemized bill of legal costs incurred to initiate the progressive treatment program. It limits the amount DHHS may reimburse a private entity for the legal costs to initiate a progressive treatment program to a maximum of \$800.

## **LD 1995 Supplemental Budget (EMERGENCY)**

**Sponsor:** GOV. BILL <https://legislature.maine.gov/LawMakerWeb/summary.asp?ID=280082904>

**Appropriations & Financial Affairs**

**Committee Status:**

**Public Hearing:**

**Final Status:** PL 2021, CH 635



## **LD 2001 An Act To Fund and Support the Veterans Homes in Caribou and Machias and Require Legislative Approval for the Establishment and Closure of Veterans Homes**

**Sponsor:** *Pres. Jackson* <https://legislature.maine.gov/LawMakerWeb/summary.asp?ID=280082915>

**Veterans & Legal Affairs**

**Committee Status:** OTPA

**Public Hearing:** 3/2/2022 2:00 PM

**Final Status:** PL 2021, CH 528

The bill requires the Board of Trustees of the Maine Veterans' Homes to obtain legislative approval for the establishment or closure of a facility managed by the board. The bill requires the Department of Health and Human Services to amend its rules to allocate emergency payments made in fiscal years 2021-22 and 2022-23 to the veterans homes located in Caribou and Machias. The bill provides for one-time appropriations and allocations for the emergency payments.

## **LD 2007 An Act To Create the Amyotrophic Lateral Sclerosis Incidence Registry**

**Sponsor:** *Sen. Claxton* <https://legislature.maine.gov/LawMakerWeb/summary.asp?paper=SP0724&SessionID=14>

**Health & Human Services**

**Committee Status:** OTPA

**Public Hearing:** 3/7/2022 2:00 PM

**Final Status:** PL 2021, CH 613

This law requires health care practitioners and health care facilities to report diagnoses of amyotrophic lateral sclerosis (ALS) to DHHS in order for the Maine CDC to create and maintain a statewide registry for surveillance of the disease in the State. It provides confidentiality protections regarding information that directly or indirectly identifies individual persons. It also requires the department to complete annual reports containing statewide prevalence and incidence estimates of amyotrophic lateral sclerosis, including any trends occurring over time across the State.

## **LD 2008 Resolve, To Establish the Committee To Study Court-ordered Treatment for Substance Use Disorder**

**Sponsor:** *Rep. Madigan* <https://legislature.maine.gov/LawMakerWeb/summary.asp?ID=280083155>

**Judiciary**

**Committee Status:** Study Table

**Public Hearing:**

**Final Status:** RESOLVE 2021, CH 183

The Resolve establishes the 16- member Committee To Study Court-ordered Treatment for Substance Use Disorder. The study committee is directed to explore the legal issues and best medical practices and related issues concerning substance use disorder treatment that is involuntary or includes some form of leverage to ensure adherence to treatment. The study committee shall submit a report that includes a summary of its activities and recommendations, including suggested legislation, to the Health and Human Services and the Judiciary Committees.

## **LD 2035 An Act To Make Changes to the Laws Regarding Licensure of Certain Individuals from Other Jurisdictions**

**Sponsor:** *Rep. Roberts* <https://legislature.maine.gov/LawMakerWeb/summary.asp?ID=280083500>

**Innovation, Development, Economic Advancement & Business**

**Committee Status:**

**Public Hearing:** 3/30/2022 10:00 AM

**Final Status:** PL 2021, CH 642

The law clarifies that certain documentation and fee waivers may be authorized only in situations of extreme and demonstrated hardship and only for individuals educated or trained in jurisdictions outside the United States. The bill also allows a licensing entity the opportunity to issue licenses by endorsement prior to the conclusion of the rule-making process.

In addition, the law adds language to the powers of the Office of Professional and Occupational Regulation and to certain licensing entities within the office to clarify that the licensing entities are required to establish a process for licensure by endorsement despite any conflicting statutory language.

This law clarifies that an applicant to the licensing entities within the office may apply under the application process of the applicant's choice.



**LD 2040 An Act To Maintain a Comprehensive Substance Use Disorder Treatment Program for Maine's Incarcerated Population**

**Sponsor:** <https://legislature.maine.gov/LawMakerWeb/summary.asp?ID=280083791>

**Committee Status:**

**Public Hearing:**

**Final Status:** PL 2021, CH 706

The law directs the Commissioner of Corrections to maintain a comprehensive substance use disorder treatment program in all state correctional facilities.

