

First Regular Session--130th Maine Legislature

Maine Hospital Association Legislative Report

1/13/2021

LD 1 An Act To Establish the COVID-19 Patient Bill of Rights

Sponsor: *President Jackso* <http://www.legislature.maine.gov/LawMakerWeb/summary.asp?ID=280077942>

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

The bill authorizes the delivery of telehealth via audio only telephone services. It also requires insurance carriers to cover the costs associated with COVID testing and COVID immunization. Finally, it authorizes pharmacists to administer COVID vaccines.

LD 4 An Act To Amend the Maine Pharmacy Act

Sponsor: *Sen. Sanborn* <http://www.legislature.maine.gov/LawMakerWeb/summary.asp?ID=280077984>

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

The bill makes a number of changes to the statute governing pharmacies and pharmacists. Of note, it eliminates the requirement for submission of a vaccine administration treatment protocol to and approval by the Maine Board of Pharmacy and requires pharmacies to maintain a protocol on the premises and make it available to the board upon request.

LD 5 An Act Concerning the Reporting of Health Care Information or Records to the Emergency Medical Services' Board

Sponsor: *Sen Sanborn* <http://www.legislature.maine.gov/LawMakerWeb/summary.asp?ID=280077985>

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

This bill authorizes the EMS board to collect health care data from hospitals and other providers. EMS would like to participate in national quality improvement programs but currently does not have access to the data. Specifically, Maine EMS, hopes to participate in the Cardiac Arrest Registry to Enhance Survival (CARES) Program. They believe that joining this on-going national program with 28 other states will enable Maine EMS agencies to benchmark themselves nationally, better understand trends in clinical care, and most importantly provide feedback to our providers. This is bill is a refile of a bill that died at the end of last session (LD 1996). Last year MHA expressed concerns with some elements of the data collection and some ambiguity regarding what would happen with the data. This bill reflects an amended version of last year's bill that was unanimously supported by the Insurance Committee.

LD 8 An Act To Support Collection and Proper Disposal of Unwanted Drugs

Sponsor: *Sen. Carney* <http://www.legislature.maine.gov/LawMakerWeb/summary.asp?ID=280077995>

Environment and Natural Resources **Committee Status:**
Public Hearing: **Final Status:**

This bill would require pharmaceutical manufacturers to establish a take-back program for unused household drugs. Certain retail pharmacies would be obligated to participate as collection sites. As drafted, it appears to try and exclude drugs used at health care facilities from the program it also appears to exclude institutional pharmacies from serving as collection sites.



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

Health & Human Services

Committee Status:

Public Hearing:

Final Status:

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 24 An Act Regarding Certificates of Birth, Marriage and Death

Sponsor: *Sen. Carney* <http://www.legislature.maine.gov/LawMakerWeb/summary.asp?ID=280077945>

Health & Human Services

Committee Status:

Public Hearing:

Final Status:

This bill makes a number of technical changes to vital records processing. Of note, it requires that deaths occurring in the unorganized territories to be reported to a municipal clerk in the electronic registration system as specified by the state registrar in the same manner as births are recorded.

LD 31 An Act To Adopt the Occupational Therapy Licensure Compact

Sponsor: *Sen. Sanborn* <http://www.legislature.maine.gov/LawMakerWeb/summary.asp?ID=280077954>

Health Coverage, Insurance and Financial Services

Committee Status:

Public Hearing:

Final Status:

This "concept draft" bill would adopt the multistate Occupational Therapy Licensure Compact.

LD 38 An Act To Clarify the Timing of an Appeal of a Finding Regarding Involuntary Mental Health Treatment at a Designated Nonstate Mental Health Institution

Sponsor: *Sen. Claxton* <http://www.legislature.maine.gov/LawMakerWeb/summary.asp?ID=280077971>

Health & Human Services

Committee Status:

Public Hearing:

Final Status:

This bill refines the timelines associated with white paper appeals. It requires the health care institution to provide full clinical review panel record to DHHS within 3 business days of receipt of request for review.

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:

This is the SFY 2021 supplemental budget.



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LD 46 An Act To Further Protect Consumers from Surprise Medical Bills

Sponsor: *Rep. Tepler* <http://www.legislature.maine.gov/LawMakerWeb/summary.asp?ID=280077992>

Health Coverage, Insurance and Financial Services **Committee Status:**

Public Hearing: **Final Status:**

This bill makes two changes to the surprise billing law adopted last year. First, it improves the calculation of the median rate that is used to reimburse out-of-network providers. Instead of the current law, which uses the median rate in the geographic area where the patient resides, it proposes to use the geographic area where the provider is located. Second, existing law requires the MHDO database to be used to calculate median rates. Apparently, there are some challenges with using the MHDO database. So, the bill would allow the superintendent of insurance to use another "independent medical claims" database in situations where the MHDO database is "insufficient or otherwise inapplicable." This is the trickier issue.

LD 47 An Act To Fund the State's Free Health Clinics

Sponsor: *Rep. Brennan* <http://www.legislature.maine.gov/LawMakerWeb/summary.asp?ID=280077993>

Health & Human Services **Committee Status:**

Public Hearing: **Final Status:**

This bill provides one-time funding of \$250,000 per year to support free health clinics in the State during the upcoming biennium.

LD 56 An Act To Prohibit Insurers and Third-party Payors from Adjusting Their Fee Schedules for In-network Providers Unless the Adjustments Apply to All Specialties

Sponsor: *Rep. Doore* <http://www.legislature.maine.gov/LawMakerWeb/summary.asp?ID=280078031>

Health Coverage, Insurance and Financial Services **Committee Status:**

Public Hearing: **Final Status:**

This bill prohibits a carrier from making any change in reimbursement rates or fee schedules applying to any providers participating in the carrier's network unless the changes are applied in the same manner to all participating providers able to provide a health care service or procedure within the lawful scope of the providers' individual licenses. The bill also prohibits a carrier from discriminating against a provider based on the provider's license or specialty in a manner that denies payment to the provider for an increase in reimbursement to account for a cost-of-living adjustment.

LD 61 An Act To Include Grandparents under Maine's Family Medical Leave Laws

Sponsor: *Rep. Stearns* <http://www.legislature.maine.gov/LawMakerWeb/summary.asp?ID=280078041>

Labor & Housing **Committee Status:**

Public Hearing: **Final Status:**

This bill allows a grandparent to request employee family medical leave in order to care for a grandchild who has a serious health condition.

LD 62 An Act To Promote Cost-effectiveness in the MaineCare Program and Improve the Oral Health of Maine Adults and Children

Sponsor: *Rep. Brooks* <http://www.legislature.maine.gov/LawMakerWeb/summary.asp?ID=280078044>

Health & Human Services **Committee Status:**

Public Hearing: **Final Status:**

This bill adds comprehensive preventive, diagnostic and restorative dental services to the limited dental services currently available to MaineCare members 21 years of age and over.



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LD 96 An Act To Create Fairness in the Treatment of Students by Retaining Students with Certain Vaccine Exemptions

Sponsor: Rep. Faulkingha <http://www.legislature.maine.gov/LawMakerWeb/summary.asp?ID=280078060>

Education & Cultural Affairs

Committee Status:

Public Hearing:

Final Status:

Current law allows a student covered by an individualized education plan who elected a philosophical or religious exemption from immunization on or before September 1, 2021 to continue to attend school after September 1, 2021 without being immunized as long as certain statements regarding acknowledgement of the risks and benefits associated with the choice to immunize are provided. This bill extends that exemption to any student who elected a philosophical or religious exemption from immunization on or before September 1, 2021.

LD 118 An Act To Address Maine's Shortage of Behavioral Health Services for Minors

Sponsor: Rep. McCreight <http://www.legislature.maine.gov/LawMakerWeb/summary.asp?ID=280078075>

Health & Human Services

Committee Status:

Public Hearing:

Final Status:

This bill requires DHHS to collect data on the number of children with behavioral health needs remaining in hospital emergency departments for extended stays, the length of the extended stays and the reasons for the extended stays and post the data annually on a publicly accessible website without any information, including health care information, that may directly identify any individual child or family. The department is also required to promote and improve the use of the current children's behavioral health program coordinators within the Office of Child and Family Services to assist hospitals to place children in more appropriate behavioral health settings and report its efforts in a report to the joint standing committee of the Legislature having jurisdiction over health and human services matters.

This is a refile of a bill that died at the end of last session (LD 1418). LD 118 is the amended version that was unanimously supported by the HHS Committee last year.

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:

Public Hearing:

Final Status:

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.)



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