

Second Regular Session--128th Maine Legislature

Maine Hospital Association Legislative Report

7/11/2018

LD 20 An Act To Reimburse Nursing Homes for the Loss of Coinsurance and Deductibles for Skilled Nursing Beds under Rules Adopted by the Department of Health and Human Services

Sponsor: *Rep. Malaby* <http://legislature.maine.gov/LawMakerWeb/summary.asp?paper=HP0021&SessionID=12>

Health & Human Services

Committee Status: APP TBL

Public Hearing:

Final Status: CARRY OVER

This bill reverses the decision to cut "crossover" payments associated with coinsurance and deductibles for skilled nursing beds under rules adopted by the Department of Health and Human Services as required in Public Law 2013, chapter 368. The annual cost to the state is about \$636K per year.

LD 31 RESOLUTION, Proposing an Amendment to the Constitution of Maine To Require That Signatures on a Direct Initiative of Legislation Come from Each Congressional District

Sponsor: *Rep. Espling* <http://legislature.maine.gov/LawMakerWeb/summary.asp?ID=280062465>

Veterans & Legal Affairs

Committee Status: DIV RPT

Public Hearing:

Final Status: DEAD

This resolution proposes to amend the Constitution of Maine to require that the signatures on a petition to directly initiate legislation be of voters from each of the State's 2 congressional districts and that the number of signatures from each congressional district be not less than 10% of the total vote for Governor cast in that congressional district in the previous gubernatorial election. This resolution provides that, if the required votes are cast in favor of the proposed amendment to the Constitution, the proposed amendment becomes part of the Constitution on March 1, 2018 instead of on the date of the Governor's proclamation. Cost is negligible

LD 105 An Act To Create a Centralized Authority To Combat Opiate Addiction in Maine

Sponsor: *Rep. Hymanson* <http://www.legislature.maine.gov/LawMakerWeb/summary.asp?ID=280062598>

State & Local Government

Committee Status: APP TBL

Public Hearing:

Final Status: DEAD

As amended, the bill establishes the Substance Use Disorders Cabinet for a time-limited period, with a sunset date of June 30, 2022. The cabinet consists of the commissioners of Corrections, Education, Health and Human Services, Labor and Public Safety; the Chief Justice of the Supreme Judicial Court; and, at the discretion of the Governor, one member of the public. The initial chair of the cabinet is the Commissioner of Health and Human Services or the commissioner's designee. The cabinet is established to promote interdepartmental collaboration on substance use disorders policy development, program implementation and service delivery in an integrated manner. The cabinet is required to submit an annual report to the Legislature and to make the report available to the public. The cabinet is required to carry out its duties within existing resources.

LD 238 An Act To Amend the Maine Medical Use of Marijuana Act

Sponsor: *Sen. Brakey* <http://www.legislature.maine.gov/LawMakerWeb/summary.asp?ID=280062797>

MARIJUANA LEGALIZATION IMPLEMENTATION

Committee Status: OTPA

Public Hearing: 1/10/2018 9:30 AM

Final Status: PL 2017, CH 447

As enacted, this law makes several changes to the Maine Medical Use of Marijuana Act.



LD 310 An Act To Responsibly Implement an Adult Use Cannabis Program

Sponsor: *Sen. Brakey* <http://www.legislature.maine.gov/LawMakerWeb/summary.asp?ID=280062832>

MARIJUANA LEGALIZATION IMPLEMENTATION **Committee Status:**
Public Hearing: **Final Status:** DEAD

This bill is a concept draft that proposes to amend the provisions of the Marijuana Legalization Act, as enacted in Initiated Bill 2015, chapter 5.

LD 320 An Act To Provide MaineCare Coverage for Chiropractic Treatment

Sponsor: *Sen. Libby* <http://www.legislature.maine.gov/LawMakerWeb/summary.asp?ID=280062900>

Health & Human Services **Committee Status:** APP TBL
Public Hearing: **Final Status:** PL 2017, CH 421

As enacted, this law requires MaineCare to provide coverage for "evaluation and management" services provided by a chiropractor.

LD 323 An Act To Fully Fund the Waiting List for the Home and Community Benefits for Members with Intellectual Disabilities or Autistic Disorder Waiver

Sponsor: *Rep. Malaby* <http://www.legislature.maine.gov/LawMakerWeb/summary.asp?ID=280062904>

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

This bill provides to the Department of Health and Human Services with \$39M in SFY 19 (\$32M General Fund and \$7M OSR) and \$53M in SFY 20 (\$44M General Fund and \$9M OSR) to fully fund the waiting list for community-based services provided under the MaineCare Benefits Manual, Chapters II and III, Section 21 relating to home and community benefits for members with intellectual disabilities or autistic disorder.

LD 384 An Act To Strengthen Maine Children's Mental Health

Sponsor: *Sen. Millett* <http://www.legislature.maine.gov/LawMakerWeb/summary.asp?ID=280062996>

Health & Human Services **Committee Status:** PTBE
Public Hearing: **Final Status:** RESOLVE 2017, CH 47

As enacted, the Resolve allows for Section 28, 65 and 90 providers to bill MaineCare for services provided to parents of children who are eligible for services but are not present, as long as the service relates to a plan of care for the child.

LD 386 An Act To Establish Universal Health Care for Maine

Sponsor: *Sen. Gratwick* <http://www.legislature.maine.gov/LawMakerWeb/summary.asp?ID=280063002>

Health & Human Services **Committee Status:** DEAD
Public Hearing: 2/13/2018 1:00 PM **Final Status:** DEAD

This concept draft bill proposes to establish a single-payor, universal health care system in the State. Portions of the system will be based on the single-payor system in place in Vermont and the single-payor proposals submitted previously in Maine and Colorado. The single-payor system proposed in this bill will also be responsive to any changes made on the federal level to the federal Affordable Care Act.



LD 401 An Act To Require Reimbursement to Hospitals for Patients Awaiting Placement in Nursing Facilities (MHA Bill)

Sponsor: *Rep. Sirocki* <http://www.legislature.maine.gov/LawMakerWeb/summary.asp?ID=280063083>

Health & Human Services

Committee Status: APP TBL

Public Hearing:

Final Status: PL 2017, CH 401

This law directs the Department of Health and Human Services to provide reimbursement to hospitals other than critical access hospitals for each day after the 10th day that a MaineCare-eligible individual is in the care of a hospital while awaiting placement in a nursing facility. The reimbursement is the statewide average rate per MaineCare member day for nursing facility services. The department is directed to implement this reimbursement for days awaiting placement for a period limited to 5 years. Reimbursement is limited to a maximum of \$500,000 of combined General Fund funds and federal funds for each year of the 5-year period.

LD 411 An Act To Add Addiction to or Dependency on Opiates or Prescription Drugs to the List of Qualifying Conditions for Medical Marijuana

Sponsor: *Sen. Brakey* <http://www.legislature.maine.gov/LawMakerWeb/summary.asp?ID=280063065>

Health & Human Services

Committee Status: DEAD

Public Hearing: 1/10/2018 9:30 AM

Final Status: DEAD

This bill adds addiction to or dependency on opiates or prescription drugs to the list of qualifying conditions for medical marijuana.

LD 453 Resolve, Regarding Insurance Coverage for Alternative Therapies for Addiction and Recovery

Sponsor: *Sen. Gratwick* <http://www.legislature.maine.gov/LawMakerWeb/summary.asp?ID=280063113>

Insurance & Financial Services

Committee Status: DIV RPT

Public Hearing:

Final Status: DEAD

This resolve requires the Superintendent of Insurance to convene interested parties to evaluate commercial insurance coverage for addiction treatment and recovery alternative therapies and report findings and recommendations to the Joint Standing Committee on Insurance and Financial Services before January 15, 2019.

LD 470 An Act To Strengthen Maine's Hospitals and Increase Access to Health Care

Sponsor: *Rep. Michael De* <http://www.legislature.maine.gov/LawMakerWeb/summary.asp?ID=280063178>

Health & Human Services

Committee Status:

Public Hearing: 1/9/2018 1:00 PM

Final Status: DEAD

This bill, a concept draft, is unclear in purpose. It says it would be contingent upon approval by the voters of the State at referendum. It would appear to be related to Medicaid expansion.

LD 503 An Act To Continue the Doctors for Maine's Future Scholarship Program

Sponsor: *Sen. Katz* <http://www.legislature.maine.gov/LawMakerWeb/summary.asp?ID=280063187>

Labor, Commerce, Research and Economic Development Committee Status: APP TBL

Public Hearing:

Final Status: CARRY OVER

This bill proposes to make a one-time General Fund appropriation of \$16 Million in fiscal year 2018-19 to the Finance Authority of Maine for the establishment of an endowment to continue the Doctors for Maine's Future Scholarship Program which provides 32 scholarships of \$25,000 each. [Cost is \$16M in one-time funds to endow the DMF program]



LD 562 An Act Concerning the Department of Health and Human Services

Sponsor: *Rep. Hymanson* <http://www.legislature.maine.gov/LawMakerWeb/summary.asp?ID=280063302>

Health & Human Services

Committee Status:

Public Hearing:

Final Status: DEAD

This bill is a concept draft that proposes to enact or amend laws or provide for the adoption or amendment of rules concerning the Department of Health and Human Services.

LD 565 An Act To Address Maine's Opiate Addiction Crisis

Sponsor: *Sen. Chipman* <http://www.legislature.maine.gov/LawMakerWeb/summary.asp?ID=280063295>

Health & Human Services

Committee Status: PTBA

Public Hearing:

Final Status: PL 2017, CH 364

As enacted, the law allows pharmacists to prescribe and dispense naloxone. The law currently allows pharmacists to do that, through a sunset date of July 1, 2019; the bill repeals that sunset date.

LD 605 An Act To Support Evidence-based Treatment for Opioid Use Disorder

Sponsor: *Rep. Vachon* <http://www.legislature.maine.gov/LawMakerWeb/summary.asp?ID=280063382>

Health & Human Services

Committee Status: ONTP

Public Hearing:

Final Status: DEAD

This bill provides funding for primary care patient-centered medical homes and behavioral health providers that provide evidence-based, integrated medication-assisted treatment to uninsured patients with opioid use disorder to cover costs of intensive, intermediate and long-term treatment.

LD 627 An Act To Establish a Data Collection Program To Monitor Effects of Marijuana Regulation

Sponsor: *Rep. Handy* <http://www.legislature.maine.gov/LawMakerWeb/summary.asp?ID=280063381>

Marijuana Legalization Implementation

Committee Status:

Public Hearing:

Final Status: DEAD

This bill establishes a program in the Department of Health and Human Services, CDC to collect data for the purpose of monitoring the effect on the State from the legalization and regulation of retail marijuana. Reports must be published at least annually to provide data to the Legislature, the Governor's Office and appropriate state government departments overseeing the implementation of the retail marijuana laws to be used to inform needed adjustments, law changes and rule changes to minimize the financial and social costs to the people of this State.

LD 643 Resolve, Directing the Department of Health and Human Services To Increase Reimbursement Rates for Home-based and Community-based Services

Sponsor: *Rep. Espling* <http://www.legislature.maine.gov/LawMakerWeb/summary.asp?ID=280063507>

Health & Human Services

Committee Status: APP TBL

Public Hearing:

Final Status: CARRY OVER

This resolve directs the Department of Health and Human Services to increase reimbursement rates for home-based care services consistent with the recommendations made by Burns & Associates, Inc. in its report "Rate Review for Personal Care and Related Services: Final Rate Models" dated February 1, 2016. The first half of this increase was ratified by the 127th Legislature through Public Law 2015, chapter 267. [Cost is approximately \$3.6 million per year in General Funds.]



LD 667 An Act To Repeal the Legalization of Recreational Marijuana

Sponsor: *Sen. Cyrway* <http://www.legislature.maine.gov/LawMakerWeb/summary.asp?ID=280063460>

Marijuana Legalization Implementation

Committee Status:

Public Hearing:

Final Status: DEAD

This bill repeals the Marijuana Legalization Act, which allows the commercial cultivation, sale, purchase, manufacture, possession and use of marijuana and marijuana products and the personal cultivation, possession and use of marijuana and marijuana products, and the tax that is imposed on the sale of marijuana and marijuana products, if approved by the voters at a referendum held in November 2018. The bill also amends related provisions of law.

LD 687 An Act Regarding Reimbursement for Speech and Language Pathology Services

Sponsor: *Rep. Farnsworth* <http://www.legislature.maine.gov/LawMakerWeb/summary.asp?ID=280063521>

Health & Human Services

Committee Status: APP TBL

Public Hearing:

Final Status: Resolve 2017, CH 60

As enacted, the Resolve increases several SLP rates in Medicaid.

LD 691 An Act To Prevent Lead Poisoning in Children

Sponsor: *Rep. Golden* <http://www.legislature.maine.gov/LawMakerWeb/summary.asp?ID=280063524>

Health & Human Services

Committee Status: ONTP

Public Hearing:

Final Status: DEAD

This bill provides that as part of the Department of Health and Human Services' educational and publicity program concerning lead poisoning, the home visiting program established by the department is required to provide free home lead test kits to parents of young children living in homes built before 1978.

LD 696 An Act Regarding Insurance and Financial Services

Sponsor: *Rep. Lawrence* <http://www.legislature.maine.gov/LawMakerWeb/summary.asp?ID=280063483>

Insurance & Financial Services

Committee Status: DIV RPT

Public Hearing: 2/27/2018 1:00 PM

Final Status: PL 2017, CH 429

As enacted, the law deals with the issue of health insurance carriers engaging in "non-medical switching", a practice in which carriers make changes to their prescription drug formularies after a health plan year has begun or been renewed that results in increased cost sharing or loss of access to a prescription drug being used by an enrollee.

LD 720 An Act To Provide Lung Cancer Screening for MaineCare Recipients

Sponsor: *Sen. Katz* <http://www.legislature.maine.gov/LawMakerWeb/summary.asp?ID=280063543>

Health & Human Services

Committee Status: APP TBL

Public Hearing:

Final Status: CARRY OVER

This bill requires that annual screening for lung cancer for certain recipients be reimbursed under the MaineCare program. The Department of Health and Human Services may adopt routine technical rules to implement this requirement. [Cost is approximately \$150K per year in General Funds.]



LD 762 An Act To Allow a Percentage of Funds from the Medical Use of Marijuana Fund To Fund Health Care Research

Sponsor: *Rep. Sanderson* <http://www.legislature.maine.gov/LawMakerWeb/summary.asp?ID=280063698>

Health & Human Services

Committee Status: ONTP

Public Hearing: 1/10/2018 9:30 AM

Final Status: DEAD

This bill proposes to dedicate a percentage of the funds derived from the Medical Use of Marijuana Fund established in the Maine Revised Statutes, Title 22, section 2430 to a medical marijuana research fund. Under the bill, hospitals and other health care facilities may apply for grants to fund research proposals to study the medical efficacy of medical marijuana.

LD 812 Resolve, To Establish a Pilot Project To Save Lives and Support People with Substance Use Disorder in Washington County

Sponsor: *Sen. Maker* <http://www.legislature.maine.gov/LawMakerWeb/summary.asp?ID=280063656>

Health & Human Services

Committee Status: PTBE

Public Hearing:

Final Status: DEAD

As amended, it creates the Washington County Substance Use Disorder Pilot Project:

1. It establishes the pilot project under the Department of Health and Human Services working with local organizations, with Healthy Acadia as the lead organization. The department is required to assist Healthy Acadia with seeking federal funding for the pilot project.
2. It requires the establishment of a central coordinating telephone system available to anyone in Washington County at any time to assist individuals with accessing services related to substance use disorder treatment and recovery. Individuals receiving the phone calls must be qualified to provide counseling services to all callers in addition to providing referrals.
3. It requires the establishment of a coordinating council made up of representatives of persons and organizations in the area involved in the health and welfare of Washington County residents. The council is responsible for providing a coordinated system of services for prevention, treatment and recovery for substance use disorder.
4. It requires the establishment of a recovery coach coordinator position. The coordinator is required to establish a system of recovery coaches available in all areas of the treatment and recovery system in Washington County and provide education and support to volunteer recovery coaches.
5. It requires the Department of Health and Human Services to conduct an evaluation of the success of the pilot project in Washington County. The department must report to the Health and Human Services Committee on the evaluation no later than March 1, 2021.

LD 837 An Act To Provide Supplemental Appropriations and Allocations for the Operations of State Government (Medicaid Expansion funding)

Sponsor: *Rep. Jorgensen* <http://www.legislature.maine.gov/LawMakerWeb/summary.asp?ID=280063763>

Appropriations & Financial Affairs

Committee Status: DIV RPT

Public Hearing: 4/9/2018 2:00 PM

Final Status: DEAD

As amended, the bill establishes 103 positions in the Office of Family Independence in the Department of Health and Human Services to handle increased workload due to Medicaid expansion.

The amendment also provides one-time funding for technology updates and testing for the Maine Integrated Health Management System.



LD 842 Resolve, To Support Home Health Services

Sponsor: *Rep. Jorgensen* <http://legislature.maine.gov/LawMakerWeb/summary.asp?paper=HP0591&SessionID=12>

Health & Human Services

Committee Status: APP TBL

Public Hearing:

Final Status: RESOLVE 2017, CH 61

The amendment increases most reimbursement rates by January 1, 2019 for MaineCare home health services (Section 40) to 70% of the federal Medicare rates for these services. The rates for occupational therapy assistants, physical therapy assistants and speech and language assistants are increased by the same percentage increase as the respective specialists. The rates for clinical social work are increased by 30% over current rates. The resolve requires an increase of 30% over current rates.

LD 898 An Act To Address Mandatory Overtime for Hospital Professionals

Sponsor: *Sen. Mason* <http://www.legislature.maine.gov/LawMakerWeb/summary.asp?ID=280063830>

Health & Human Services

Committee Status: DEAD

Public Hearing: 1/9/2018 1:00 PM

Final Status: DEAD

This bill prohibits a hospital from requiring employees that provide direct patient care to work more than 12 hours in any 24-hour period. This requirement does not apply to physicians or in cases of a declared emergency. An aggrieved employee may file a complaint with the division of licensing and regulatory services within the Department of Health and Human Services, which must notify the hospital involved. Hospitals must report all instances of mandatory overtime work to the division, which must adopt rules regarding the manner and schedule for this reporting.

LD 902 Resolve, To Increase Access to Evidence-based Psychosocial Treatment for Children in the MaineCare Program

Sponsor: *Rep. Malaby* <http://www.legislature.maine.gov/LawMakerWeb/summary.asp?ID=280063835>

Health & Human Services

Committee Status: APP TBL

Public Hearing:

Final Status: CARRY OVER

As amended, it requires the Department of Health and Human Services to contract for a 3rd-party independent rate study to develop a separate rate for MaineCare reimbursement for trauma-focused cognitive behavioral therapy to be billed under rule MaineCare Manual, Section 65. Currently, this therapy is available as outpatient therapy and home-based and community-based treatment under Section 65. The rate study must take into consideration the costs to providers of delivering the service, including certification and continuing education, quality assurance and continuous quality improvement, the need to attract enough providers to clear waiting lists and serve all areas of the State and the costs to ensure fidelity to the therapy model. The rate study must be completed no later than January 1, 2019. The department must amend its rules to establish the new rate.

LD 924 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. Gattine* <http://www.legislature.maine.gov/LawMakerWeb/summary.asp?ID=280063886>

Appropriations and Financial Affairs

Committee Status:

Public Hearing:

Final Status: PL 2017, CH 459

Part A requires the Department of Health and Human Services to increase the reimbursement rates for services provided for home-based and community-based care for individuals with intellectual disabilities or autism and provides funding to the department due to the change in the rates. Part B provides funding to the Department of Health and Human Services to increase rates for Section 21 and 29 services to be effective July 1, 2018. Part C deals with allocations for county jails.



LD 925 An Act Making Certain Appropriations and Allocations and Changing Certain Provisions of the Law Necessary to the Proper Operations of State Government

Sponsor: *Rep. Gattine* <http://www.legislature.maine.gov/LawMakerWeb/summary.asp?ID=280063887>

Appropriations & Financial Services

Committee Status:

Public Hearing:

Final Status: PL 2017, CH 460

Part A provides funding to the Department of Health and Human Services to add 50 members a month, beginning October 1, 2018, from the waiting list for community-based services provided under Section 21 relating to home and community benefits for members with intellectual disabilities or autism spectrum disorder until 300 new members in total have been added.

Part B requires the Department of Health and Human Services to base a nursing facility's base year, for state fiscal years beginning on or after July 1, 2019, on the most recent cost reports available; any rebasing may not result in a reimbursement rate that is lower than that in effect on June 30, 2018. It also requires the department to amend its rules to increase rates for adult family care services, adult day services, homemaker services, nursing facilities and residential care facilities, specifies the amount of the rate increases, requires future cost-of-living increases and provides funding to the department for the rate increases. Part B requires the cost-of-living increases to continue for adult family care services, adult day services and homemaker services until the completion of a rate study conducted by a 3rd party. Part B also establishes the Commission To Study Long-term Care Workforce Issues.

Part C provides funding to the Department of Health and Human Services and to the General Purpose Aid for Local Schools program within the Department of Education in fiscal year 2018-19 to establish reimbursement rates and increase existing reimbursement rates in the Department of Health and Human Services Section 28 for children's habilitative services and specialized children's habilitative services in accordance with the 2017 Burns rate study.

Part D provides funding to the Department of Health and Human Services to increase Sections 13, 17, 23, 28, 65 and 97 reimbursement rates effective July 1, 2018 to reflect a 2% increase over rates in fiscal year 2008-09.

Part E provides funding to the Department of Health and Human Services for a 15% rate increase for the medication management services provided under Section 65: Behavioral Health Services.

Part F addresses the opiate crisis in Maine by:

1. Allowing funds from property forfeited pursuant to a criminal forfeiture action to be assigned by the court to a law enforcement agency in this State that provides case management and other social services to persons with substance use disorders;
2. Adding in the Maine Criminal Code new variants of aggravated trafficking of scheduled drugs that include trafficking in scheduled drugs when the trafficked scheduled drug was a contributing factor in the death of another person, a Class A crime, or serious bodily injury of another person, a Class B crime;
3. Clarifying that the Class B crimes of aggravated furnishing of scheduled drugs and aggravated trafficking or furnishing of counterfeit drugs are for the death of another person, whose death was caused by a drug furnished by the defendant;
4. Making aggravated trafficking in fentanyl powder a Class A crime; and
5. Requiring the Department of Health and Human Services to provide an annual report to the health and human services committee regarding the Prescription Monitoring Program, including the number of prescribers participating and trends in prescription practices.

Part G requires the Department of Health and Human Services to support a hub-and-spoke system for the treatment and recovery for those with substance use disorder. It requires that the department must assess opportunities for federal funding and provide grants for training when funding is available. It requires the department to support the development of a plan to create a statewide resource and referral center for substance use disorder treatment that uses the 211 Maine service and links it with comprehensive statewide information on available treatment and recovery resources. It requires a report from the department to the health and human services committee by February 1, 2019.

Part H provides one-time additional funding for the provision of assisted living services at facilities currently operating at a loss, including, but not limited to, facilities in Bangor, Millinocket, Camden and Sanford. It directs the Department of Health and Human Services to conduct a review of possible ways to stabilize funding for affordable assisted living facilities that contract with the office of aging and disability services within the Department of Health and Human Services, including permanent increases to existing funding levels, paying the medical costs of certain residents until they are eligible for MaineCare coverage, a practice known as Rate Code 53 spending, and designating facilities as private nonmedical institutions. It directs the department to report back with its recommendations to the health and human services committee by January 11, 2019.

Part I requires the Department of Health and Human Services to increase reimbursement rates for multisystemic therapy, multisystemic therapy for problem sexualized behavior and functional family therapy by 20% until June 30, 2019. It requires the department to contract for a 3rd-party rate study of the reimbursement rates for those therapies, including developing a rate set on a per case per week basis rather than the current 15-minute increments. The rate study must also take into account the costs to providers of delivering the services, including additional training, and maintenance of fidelity to the treatment models. The rate study must be completed no later than December 1, 2018. The department must submit



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a report on the results of the study to the health and human services committee no later than January 30, 2019. The department is authorized to implement new rates through rulemaking as long as the rates are no lower than those that exist on April 1, 2018 and the rates are approved by CMS.

Part J provides additional funding for the Judicial Department to establish a new drug court in the State for up to 30 participants or to expand by up to 30 the number of participants served by existing drug courts in the State pursuant to the Maine Revised Statutes, Title 4, section 421. It also provides funding for the case management and ancillary services provided to drug court participants by the office of substance abuse and mental health services within DHHS.

Part K allows employees at state correctional facilities that close who have not reached their normal retirement age to retire and receive their full retirement benefit if certain conditions are met and funding is appropriated.

Part L establishes the Task Force To Study and Plan for the Implementation of Maine's Early Childhood Special Education Services to examine the national trends and relevant models of governing and delivering early childhood special education systems and to make recommendations for an early childhood special education services program plan. A total of \$3,700,000 is provided the 2nd year of the biennium to address the Child Development Services System budgetary shortfall.

Part M establishes a residential housing lead abatement program administered by the Maine State Housing Authority. The program is funded by a one-time allocation of \$4,000,000 from the Fund for a Healthy Maine.

Part N restores funding on a one-time basis to Maine's school-based health centers to the level of funding provided in fiscal year 2016-17 and allows the health and human services committee to report out legislation providing ongoing funding to school-based health centers.

LD 958 An Act To Enact the Uniform Emergency Volunteer Health Practitioners Act

Sponsor: *Sen. Dion* <http://www.legislature.maine.gov/LawMakerWeb/summary.asp?ID=280063925>

Labor, Commerce, Research and Economic Development Committee Status: PTBE

Public Hearing: **Final Status:** PL 2017, CH 396

This law creates a framework to allow volunteers from out-of-state to provide assistance in Maine in the case of an emergency without running afoul of licensing laws.

LD 966 An Act To Create Mental Health Liaison Positions in Each County Jail

Sponsor: *Sen. Malaby* <http://www.legislature.maine.gov/LawMakerWeb/summary.asp?ID=280063935>

Health & Human Services Committee Status: APP TBL

Public Hearing: **Final Status:** CARRY OVER

As amended, the bill establishes the Statewide Criminal Justice Coordinating Council to accept and review data on encounters between law enforcement agencies and members of the public and data gathered through the use of nationally validated screening and assessment tools when persons are admitted to jail. The council is required to collect and review data submitted by law enforcement agencies, sheriffs, regional jail administrators and intensive case managers, summarize and review the data and provide an annual report to the joint standing committees of the Legislature having jurisdiction over criminal justice and public safety matters and health and human services matters beginning January 15, 2021. The report must contain any recommendations for legislative action. A legislative committee that receives a report from the Statewide Criminal Justice Coordinating Council may report out legislation to the Legislature based on the report.

The amendment requires each law enforcement agency in the State to submit to the Department of Public Safety on a quarterly basis beginning January 15, 2020 data that identifies law enforcement calls for service and encounters between law enforcement officers and certain members of the public and requires the department to forward that data to the Statewide Criminal Justice Coordinating Council.

The amendment requires a person admitted to a jail, regional jail or correctional facility to be assessed for mental health conditions and substance use disorders through use of a nationally validated screening and assessment tool. It requires that an intensive case manager assigned by the Department of Health and Human Services to a jail, regional jail or correctional facility submit in summary form to the department information gathered from an encounter with such a person. The amendment requires the department to forward this information to the Statewide Criminal Justice Coordinating Council.



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LD 998 An Act To Adequately Pay for Emergency Medical Services

Sponsor: *Rep. Sanderson* <http://www.legislature.maine.gov/LawMakerWeb/summary.asp?ID=280064000>

Health & Human Services

Committee Status: APP TBL

Public Hearing:

Final Status: CARRY OVER

This bill requires the Department of Health and Human Services to work with emergency medical services providers in the State to define, and provide reimbursement under MaineCare for, community paramedicine services that do not involve transporting patients. As amended, the bill would increase ambulance rates from 65 percent of MaineCare to 70 percent of MaineCare. It removes references to community paramedics. [Cost is approximately \$700K per year in General Funds.]

LD 1030 An Act To Require Health Insurance Coverage for Covered Services Provided by Naturopathic Doctors

Sponsor: *Sen. Chenette* <http://www.legislature.maine.gov/LawMakerWeb/summary.asp?ID=280064019>

Insurance & Financial Services

Committee Status: PTBE

Public Hearing:

Final Status: PL 2017, CH 340

As enacted, the law requires coverage for services provided by licensed naturopathic doctors if those services are within the scope of the license and would be reimbursed if the services were provided by other licensed providers. The law also prohibits carriers from excluding a naturopathic doctor from their networks as long as the naturopathic doctor is willing to meet the same terms and conditions as other participating providers.

The requirements apply to all individual and group policies and contracts issued or renewed on or after January 1, 2019.

LD 1032 An Act To Ensure Protection and Health Insurance of Patients

Sponsor: *Sen. Gratwick* <http://www.legislature.maine.gov/LawMakerWeb/summary.asp?ID=280064021>

Insurance & Financial Services

Committee Status: PTBE

Public Hearing:

Final Status: DEAD

This bill is a concept draft that proposes to enact measures designed to ensure the protection and health insurance of patients. AS AMENDED, the minority report requires a health insurance carrier to accept and respond to prior authorization requests through electronic transmission by January 1, 2019 for prescription drugs and by July 1, 2019 for medical services. The amendment also requires a carrier to make its most current prescription drug formulary available to health care professionals and pharmacists in electronic form at all times.

LD 1063 An Act To Protect Substance-exposed Infants

Sponsor: *Rep. Hamann* <http://www.legislature.maine.gov/LawMakerWeb/summary.asp?ID=280064095>

Health & Human Services

Committee Status:

Public Hearing: 2/8/2018 1:00 PM

Final Status: DEAD

This bill is a concept draft pursuant to Joint Rule 208.

This bill proposes to enact measures designed to enhance the protection of substance-exposed infants, which may include prevention, intervention, identification of risk and treatment of prenatal substance exposure. AS AMENDED, the majority report requires the Department of Health and Human Services to amend its rules in the MaineCare Eligibility Manual to provide for presumptive eligibility for individuals who are likely to qualify for the family planning benefit. It also requires the department to amend its rules under the MaineCare Benefits Manual, Section 90 to include contraceptive counseling as part of the services provided to women and adolescents eligible for the MaineCare program, including counseling immediately postpartum as long as the patient and the provider determine it is appropriate. It requires the department to contract for community-based outreach and education regarding family planning options and availability that is targeted toward women and adolescents who are participating in substance use disorder treatment, in correctional settings, experiencing homelessness and living in other circumstances that identify a need for family planning services.



Maine Hospital Association

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LD 1133 An Act Regarding Access to Appropriate Residential Services for Individuals Being Discharged from Psychiatric Hospitalization

Sponsor: *Rep. McCreight* <http://www.legislature.maine.gov/LawMakerWeb/summary.asp?ID=280064224>

Health & Human Services

Committee Status: APP TBL

Public Hearing:

Final Status: PL 2017, CH 461

As amended, the law provides that a residential service provider may apply to the department for time-limited funding in order to meet a patient's needs when the patient requires reasonable accommodations or a higher level of care for admission or readmission to the residential service provider.

LD 1162 An Act To Reduce the Incidence of Obesity and Chronic Disease in Maine

Sponsor: *Sen. Libby* <http://www.legislature.maine.gov/LawMakerWeb/summary.asp?ID=280064262>

Health & Human Services

Committee Status: APP TBL

Public Hearing:

Final Status: CARRY OVER

As amended, the majority report provides funding for reimbursing medical nutritional therapy services from the Fund for a Healthy Maine. It removes the requirement for MaineCare to reimburse for obesity treatment medication. It identifies the specific conditions for which medical nutritional therapy services are reimbursed and adds gastrointestinal conditions to the list. It removes dietitian nutritionists and clarifies that physicians and dietitians providing medical nutritional therapy services must be licensed by their professional licensing boards. The minority report is the same except that it only provides funding for one year.

LD 1189 An Act To Define the Age of Consent for Alcohol or Drug Treatment and Mental Health Services

Sponsor: *Rep. Pouliot* <http://www.legislature.maine.gov/LawMakerWeb/summary.asp?ID=280064317>

Health & Human Services

Committee Status: DIV RPT

Public Hearing:

Final Status: DEAD

Current law provides that a minor under 18 years of age may consent to treatment for abuse of alcohol or drugs or for emotional or psychological problems. This bill provides that a minor who is 14 years of age or older may consent to treatment for abuse of alcohol or drugs or for emotional or psychological problems and does not need the consent of a parent or guardian for such treatment. It also provides that if the parent or guardian consents to such treatment of a minor 14 years of age or older, the minor may not abrogate that consent and that if a minor 14 years of age or older consents to such treatment, a parent or guardian may not abrogate that consent. AS AMENDED, the minority report changes from 14 years of age to 12 years of age the age of a minor who may consent to treatment for abuse of alcohol or drugs or for emotional or psychological problems. It removes the provision that prevents a minor from abrogating the consent of the minor's parent or guardian. The bill provides that a parent or guardian may not abrogate the consent to treatment provided by a minor 14 years of age or older; the amendment changes that age to 12 years of age or older.

LD 1197 An Act to Support Substance Use Disorder Prevention, Treatment and Recovery

Sponsor: *Rep. Beebe-Cen* <http://www.legislature.maine.gov/LawMakerWeb/summary.asp?ID=280064325>

Marijuana Legalization Implementation

Committee Status: LTW

Public Hearing:

Final Status: DEAD

This bill establishes the Fund for Substance Use Disorder Prevention, Treatment and Recovery and funds it by requiring 10% of the tax revenue from the retail sale of marijuana and marijuana products to be deposited in the fund. The fund is used for substance use disorder prevention, recovery and treatment programs administered by the Department of Health and Human Services and the Maine Center for Disease Control and Prevention. This bill specifies that the additional funding for existing programs for substance use disorder, treatment and recovery is intended to supplement, not supplant, funding appropriated for those purposes.



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LD 1212 An Act To Amend the Definition of "Eligible Business Equipment" for the Purposes of the Business Equipment Tax Exemption Program

Sponsor: *Sen. Katz* <http://legislature.maine.gov/LawMakerWeb/summary.asp?ID=280064355>

Taxation

Committee Status: APP TBL

Public Hearing:

Final Status: CARRY OVER

This bill changes the statutory location of the tax exemption for personal property occupied or used solely for its own purposes by a hospital licensed by the Department of Health and Human Services, a health maintenance organization or a blood bank. This bill moves the exemption from the statutes regarding exemption of real and personal property, since the exemption no longer applies to real property, to the definition of "eligible business equipment" for the purposes of defining personal property that is exempt from property tax under the business equipment tax exemption, or "BETE," program. The property remains exempt from taxation; the purpose of the bill is to force the state to provide municipalities with a partial reimbursement for the lost tax revenue as the state does for all other exempt personal property. [\$250K per year in lost General Funds]

LD 1267 An Act To Protect Licensing Information of Medical Professionals

Sponsor: *Sen. Katz* <http://www.legislature.maine.gov/LawMakerWeb/summary.asp?ID=280064420>

Labor, Commerce, Research & Economic Development **Committee Status:** PTBE

Public Hearing:

Final Status: DEAD

As amended, the bill allows applicants and licensees of the State Board of Nursing, the Board of Osteopathic Licensure and the Board of Licensure in Medicine to review their own redacted licensing files before the respective board makes the file available for inspection or copying after the licensing file has been requested. The board must notify the applicant or licensee of the request to view the file at the same time the board acknowledges the request under the Freedom of Access Act. If the applicant or licensee would like to review the redacted file before it is made publicly available, the applicant or licensee must notify the board within 10 business days. If requested by the applicant or licensee, the board must send a copy of the redacted file to the applicant or licensee, and the applicant or licensee has 10 business days from when the file is sent to stop the release of the redacted licensing file by filing an action in Superior Court to enjoin the release of the file because making the redacted file available to the public creates a potential risk to the personal safety of the applicant or licensee or any 3rd party.

LD 1273 Resolve, To Redispense Donated Prescription Drugs

Sponsor: *Rep. Hymanson* <http://www.legislature.maine.gov/LawMakerWeb/summary.asp?ID=280064495>

Health & Human Services

Committee Status: ONTP

Public Hearing:

Final Status: DEAD

This resolve requires the Maine Board of Pharmacy to adopt rules to allow a nongovernmental organization in the State to coordinate both the donation of unused prescription drugs by nursing homes, hospitals, wholesalers and other institutional pharmacies and the subsequent redispensing of these prescription drugs at no cost to low-income residents of the State.



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LD 1279 An Act To Ensure Patient Protections in the Health Insurance Law

Sponsor: *Sen. Jackson* <http://www.legislature.maine.gov/LawMakerWeb/summary.asp?ID=280064492>

Insurance & Financial Services

Committee Status: PTBE

Public Hearing:

Final Status: DEAD

As amended, the minority report allows children younger than 26 years of age to remain on their parents' health insurance policy. The amendment adds provisions not included in the bill to make the change also applicable to group health plans and health maintenance organization individual and group health plans.

The amendment retains the provision in the bill prohibiting individual, group and blanket health plans from imposing a preexisting condition exclusion on any enrollee, but adds language to allow a carrier to restrict enrollment in individual health plans to open enrollment and special enrollment periods established in rule.

The amendment clarifies that carriers offering individual or group health plans may not establish lifetime or annual limits on the dollar value of benefits. The amendment specifies that the provision prohibiting annual limits on the dollar value of benefits applies to the dollar value of essential health benefits as determined by the Superintendent of Insurance to the extent not inconsistent with federal law.

LD 1287 An Act To Strengthen Efforts To Recruit and Retain Primary Care Professionals and Dentists in Rural and Underserved Areas of the State

Sponsor: *Sen. Jackson* <http://www.legislature.maine.gov/LawMakerWeb/summary.asp?ID=280064508>

Taxation

Committee Status: APP TBL

Public Hearing:

Final Status: PL 2017, CH 435

This bill extends through 2026 the income tax credit for eligible dentists who practice in underserved areas. With respect to the primary care access credit, the bill increases the number of primary care professionals who practice in underserved areas who may be certified for the credit and allows the credit for primary care professionals to remain in effect beyond January 1, 2019.

LD 1314 Resolve, To Improve Access to Neurobehavioral Services

Sponsor: *Rep. Malaby* <http://www.legislature.maine.gov/LawMakerWeb/summary.asp?ID=280064541>

Health & Human Services

Committee Status: APP TBL

Public Hearing:

Final Status: CARRY OVER

This resolve requires the Department of Health and Human Services to provide by September 1, 2018 16 new neurobehavioral beds in one or more neurobehavioral centers to serve individuals with significant behavioral challenges and complex medical needs who need short-term evaluation and treatment before transitioning to a long-term care environment either in the community or a long-term care facility. [Cost is approximately \$3 million per year in General Funds and \$525K in other special revenues.] AS AMENDED, the date by which neurobehavioral beds must be provided from September 1, 2018 to July 1, 2019. It requires the Department of Health and Human Services to provide beds in 2 or more different centers rather than one or more centers as in the resolve. It restricts the population served to individuals with neurobehavioral issues or dementia and accompanying behavioral issues and removes individuals with brain injury, intellectual disabilities or autism.



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LD 1327 An Act To Allow Former Military Medical Personnel To Perform Certain Medical Services

Sponsor: *Rep. Farrin* <http://www.legislature.maine.gov/LawMakerWeb/summary.asp?ID=280064571>

Labor, Commerce, Research and Economic Development Committee Status: OTPA

Public Hearing: **Final Status:** PL 2017, CH 326

As enacted, the law establishes the Health Care Employment for Military Veterans Program within the Department of Labor and charges the program with creating a "military-to-civilian crosswalk" that compares the military training and experience obtained by individuals who have served in specific military health care occupational specialties and the education and experience required to obtain national certification or state licensure or certification in equivalent or similar civilian health care occupations. The program is also charged with providing direct assistance to eligible veterans who seek to enroll in postsecondary education institutions and obtain academic credit for their military training and experience as well as eligible veterans who seek to secure an apprenticeship or employment in a health care occupation in the State. The department is required to operate the program using existing resources or available grant funding and, to the extent resources are limited, the program is required to give priority to eligible veterans who were discharged or released from military service no longer than 2 years prior to seeking assistance.

LD 1388 An Act To Prohibit the Falsification of Medical Records

Sponsor: *Sen. Rosen* <http://www.legislature.maine.gov/LawMakerWeb/summary.asp?ID=280064646>

Criminal Justice & Public Safety

Committee Status: PTBE

Public Hearing: **Final Status:** PL 2017, CH 410

As enacted, this law provides that the falsification of health care records maintained by a health care provider with the intent to deceive another person is a Class D crime except that it is a Class C crime if any reliance on the falsification causes serious bodily injury or the impairment of a person's mental or behavioral condition.

LD 1406 An Act To Promote Prescription Drug Price Transparency

Sponsor: *Sen. Vitelli* <http://www.legislature.maine.gov/LawMakerWeb/summary.asp?ID=280064710>

Judiciary

Committee Status: PTBE

Public Hearing: **Final Status:** PL 2017, CH 406

As enacted, the law directs the Maine Health Data Organization (MHDO) to analyze and post pharmacy data it currently collects to identify prescription drugs, both brand name and generic, that are the most frequently prescribed in the State, are the costliest drugs as determined by total spending in the State and have the highest year-over-year cost increases in the State. MHDO is required to prepare the report annually, beginning with the first report by December 1, 2018. It also directs MHDO to develop a plan to collect data from manufacturers that will help explain how prescription drug prices are established. The organization is required to work with other state and national agencies and organizations to determine how to conduct the data collection. The organization must submit the plan as well as any recommendations to the Judiciary Committee matters by April 1, 2019.

LD 1407 An Act Regarding Prescription Drug Step Therapy

Sponsor: *Sen. Rosen* <http://www.legislature.maine.gov/LawMakerWeb/summary.asp?ID=280064713>

Insurance & Financial Services

Committee Status: APP TBL

Public Hearing: **Final Status:** DEAD

As amended, the bill clarifies that carriers must apply the utilization review standards under current law when acting on a request for a step therapy override exception determination or an appeal of a determination. It also changes the applicability of the bill's provisions from January 1, 2018 to January 1, 2019.



LD 1417 An Act To Require Insurance Coverage for the Diagnosis and Treatment of Lyme Disease

Sponsor: *Rep. Fredette* <http://www.legislature.maine.gov/LawMakerWeb/summary.asp?ID=280064748>

Insurance & Financial Services

Committee Status: ONTP

Public Hearing:

Final Status: DEAD

This bill requires a carrier offering or renewing a health plan in the State to provide coverage to diagnose and treat Lyme disease.

LD 1430 An Act To Develop a Statewide Resource and Referral Center and Develop Hub-and-spoke Models To Improve Access, Treatment and Recovery for Those with Substance Use Disorder

Sponsor: *Rep. Vachon* <http://www.legislature.maine.gov/LawMakerWeb/summary.asp?ID=280064780>

Health & Human Services

Committee Status: APP TBL

Public Hearing:

Final Status: CARRY OVER

As amended, the majority report establishes the "hub and spoke" model of substance use disorder care in statute. It defines "hub" and "spoke" as well as levels of care, integrated medication assisted treatment and recover support services. It requires DHHS to support the hub and spoke model.

The amendment does not include the creation of a statewide resource and referral center but instead directs DHHS to incorporate this services into the existing 2-1-1 service.

It maintains the \$6.6M GF appropriation for substance abuse treatment services for the uninsured.

DHHS is to report back to the Legislature by February 1, 2019 on implementation.

LD 1435 An Act To Ensure Transparency in the Distribution of Federal Block Grant Funds

Sponsor: *Rep. Jorgensen* <http://www.legislature.maine.gov/LawMakerWeb/summary.asp?ID=280064809>

Health & Human Services

Committee Status: PTBE

Public Hearing:

Final Status: DEAD

As amended, the majority report requires the Department of Health and Human Services to provide an annual report to the joint standing committees of the Legislature having jurisdiction over health and human services matters and appropriations and financial affairs regarding block grants received from the Federal Government. It requires the report to be provided no later than February 1st of each year, beginning in 2019, with information relating to the most recent federal fiscal year.

LD 1476 An Act To Ensure Continued Coverage for Essential Health Care

Sponsor: *Rep. McCreight* <http://www.legislature.maine.gov/LawMakerWeb/summary.asp?ID=280064892>

Insurance & Financial Services

Committee Status:

Public Hearing:

Final Status: PL 2017, CH 343

As enacted, the law incorporates current requirements under the federal Patient Protection and Affordable Care Act for coverage of preventive health services, including services for women, into state law. The requirements apply to all individual and group health insurance policies and contracts issued or renewed on or after January 1, 2019.

LD 1517 An Act To Ensure Access to Behavioral Health Services

Sponsor: *Rep. Perry* <http://www.legislature.maine.gov/LawMakerWeb/summary.asp?ID=280065008>

Health & Human Services

Committee Status: APP TBL

Public Hearing:

Final Status: CARRY OVER

As amended, the majority report strikes the bill and makes it a resolve. The amendment retains the section in the bill that increases reimbursement rates by June 1, 2018. The increase in that section is changed from 20% to 2%, which must be applied to employee wages and benefits. The amendment specifies that increases to Section 97, Private Non-Medical Institution Services include only Appendix B and Appendix E. The annual cost is \$6M in GF and \$600K in OSR funds..



LD 1527 An Act To Ensure Safety, Quality and Transparency in the Medical Marijuana Market and To Ensure Sufficient Funding for Regulation and Enforcement with Respect to the Retail Marijuana Industry

Sponsor: Rep. Perry <http://www.legislature.maine.gov/LawMakerWeb/summary.asp?ID=280065023>

Health & Human Services

Committee Status: ONTP

Public Hearing: 1/10/2018 9:30 AM

Final Status: DEAD

This bill amends the Maine Medical Use of Marijuana Act in the following ways.

1. It imposes mandatory testing, labeling and record-keeping requirements on registered dispensaries. It provides that registered dispensaries are subject to inspection by the local fire department, building inspector or code enforcement officer to confirm that no health or safety concerns are present and that local health and safety ordinances apply to registered dispensaries.
2. It imposes mandatory testing, labeling and record-keeping requirements on registered primary caregivers. It provides that registered primary caregivers are subject to inspection by the Department of Health and Human Services to ensure regulatory compliance. It provides that registered primary caregivers are subject to inspection by the local fire department, building inspector or code enforcement officer to confirm that no health or safety concerns are present and that local health and safety ordinances apply to registered primary caregivers.
3. It provides that mandatory testing of medical marijuana and medical marijuana products may be conducted by testing facilities licensed under either the Maine Medical Use of Marijuana Act or the Marijuana Legalization Act.
4. It imposes a special tax of 20% on retail marijuana and retail marijuana products sold by retail marijuana stores and retail marijuana social clubs to ensure that the tax revenue generated is sufficient to fund enforcement and regulation with respect to the retail marijuana industry. It also provides that in addition to this special tax, retail marijuana and retail marijuana products are subject to the state sales tax.

LD 1539 An Act To Amend Maine's Medical Marijuana Law

Sponsor: Rep. Sanderson <http://www.legislature.maine.gov/LawMakerWeb/summary.asp?ID=280065073>

Health & Human Services

Committee Status:

Public Hearing:

Final Status: PL 2017, CH 452

This law also makes several changes to the Medical Marijuana Law.

LD 1566 An Act To Enact the Maine Fair Chance Employment Act

Sponsor: Rep. Talbot-Ros <http://www.legislature.maine.gov/LawMakerWeb/summary.asp?ID=280065136>

Labor, Commerce, Research & Economic Development **Committee Status:** APP TBL

Public Hearing:

Final Status: DEAD

This bill enacts the Maine Fair Chance Employment Act and adds restrictions to the use of criminal history information in the context of employment decisions by private employers and the State and its political subdivisions and of licensing decisions by licensing agencies.

It prohibits an employer from asking an applicant for employment to disclose information concerning the applicant's criminal history, or considering such information, until after the applicant has received a conditional offer of employment. It restricts the way a private employer, or the State and its political subdivisions, may use criminal history information in the course of making employment decisions and adds similar restrictions to the existing restrictions applicable to licensing agencies' consideration of criminal history information. It also makes certain criminal history information in the possession of the State and its political subdivisions confidential and makes all criminal background check information obtained by the State in connection with an employment decision confidential.

The bill also contains enforcement provisions including via the Human Rights Commission and private rights of action.



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LD 1587 An Act To Provide Economic Security to Maine Families through the Creation of a Paid Family Medical Leave System

Sponsor: *Rep. Herbig* <http://www.legislature.maine.gov/LawMakerWeb/summary.asp?ID=280065254>

Labor, Commerce, Research & Economic Development Committee Status: PTBE

Public Hearing: 2/7/2018 10:00 AM **Final Status:** DEAD

As amended, the bill is replaced with a resolve that directs the University of Maine System to carry out a study to examine costs and benefits of implementing a paid family leave program in the State, if funding resources are available to enable the University of Maine System to conduct such a study, and to submit a report of its findings to the joint standing committee of the Legislature having jurisdiction over labor matters.

LD 1605 An Act To Increase Consumer Prescription Drug Protections

Sponsor: *Sen. Vitelli* <http://legislature.maine.gov/LawMakerWeb/summary.asp?paper=SP0563&SessionID=12>

Judiciary Committee Status: DEAD

Public Hearing: **Final Status:** DEAD

This bill requires the Maine Health Data Organization to annually identify, upon the request of the Attorney General, prescription drugs on which the State spends significant amounts of money and for which the manufacturer's list price for the drug has increased by 50% or more over the past 5 years or 15% or more over the past 12 months. The Maine Health Data Organization is required to provide the list to the Attorney General, who must require the manufacturer of the drugs to provide a justification for the increase.

The bill also prohibits manufacturers and wholesale distributors from price gouging in the sale of essential off-patent or generic drugs. It authorizes the Attorney General to obtain data from the Maine Health Data Organization concerning increases in prices of essential off-patent or generic drugs and requires manufacturers of essential off-patent or generic drugs to submit information to the Attorney General upon request of the Attorney General.



LD 1612 An Act To Support Maine Families through Universal Family Care

Sponsor: *Rep. Gattine* <http://legislature.maine.gov/LawMakerWeb/summary.asp?ID=280065447>

Health & Human Services

Committee Status: DEAD

Public Hearing: 1/24/2018 9:00 AM

Final Status: DEAD

This bill establishes the Universal Family Care Program of universal child care and in-home and community support services for all individuals and families who are eligible. Eligibility for universal child care is based on the age of the child, and eligibility for in-home and community support services is based on medical eligibility.

Income is not a factor for eligibility.

The bill establishes the Universal Family Care Trust Fund, which is managed by a board composed of members who represent child care providers, home care agencies, employees of child care providers and home care agencies and consumers of child care and home care services.

The board employs professional staff and receives advice from an advisory committee composed of the Commissioner of Health and Human Services, the Commissioner of Education and the Commissioner of Labor as well as the Treasurer of State, the President of the Senate and the Speaker of the House of Representatives. Base funding for universal child care is from child care funds from the Temporary Assistance for Needy Families program and the federal Child Care and Development Fund block grant.

Base funding for universal in-home and community support services is from federal matching funding related to home and community support services and state funding for elder services provided in the home.

To complete the funding for the Universal Family Care Program, the Department of Administrative and Financial Services is directed to develop and submit to the Committee on Health and Human Services draft legislation to establish universal family care taxes. The taxes are to be structured to include 3 elements: a tax on wages that is substantially equivalent to the federal Social Security's Old-Age, Survivors, and Disability Insurance program tax, but that applies only to earnings above the annual contribution and benefit base of the federal tax; a self-employment tax applicable to taxpayers who are subject to the federal Self-Employment Contributions Act tax that is equivalent to that tax and applies to net earnings above the annual limit subject to taxation under that federal tax; and a tax equal to the wage and self-employment taxes that is imposed on unearned annual income and that applies in a manner similar to the federal Net Investment Income Tax.

The bill directs the Joint Standing Committee on Health and Human Services to report out a bill to the Second Regular Session of the 128th Legislature to establish universal family care taxes to fully fund the Universal Family Care Program.

LD 1655 An Act To Update References to the United States Internal Revenue Code of 1986 Contained in the Maine Revised Statutes

Sponsor: *Sen. Dow* <http://www.legislature.maine.gov/LawMakerWeb/summary.asp?ID=280067058>

Taxation

Committee Status: DIV RPT

Public Hearing: 3/15/2018 1:00 PM

Final Status: CARRY OVER

This bill updates references to the United States Internal Revenue Code of 1986 contained in the Maine Revised Statutes, Title 36 to refer to the United States Internal Revenue Code of 1986 as amended through December 31, 2017 for tax years beginning on or after January 1, 2017 and for any prior tax years as specifically provided by the United States Internal Revenue Code of 1986, as amended. This bill primarily affects the State's income tax laws. Part A of the bill is traditional conformity and updates references to the most recent IRS code.

Part B makes several changes to the individual income tax laws. The primary change is to create a 0% tax bracket for income up to \$4,150 for individuals and \$8,300 for households. This tax reduction is meant to offset the tax increase that results from conformity in Part A (viz. the elimination of the personal exemption).

It also conforms the Maine standard deduction to the federal deduction, and raises the phase-out thresholds.

It also creates a new \$500 child and dependent tax credit that will piggy-back on the federal child credit.

Part C is focused on corporate taxes, particularly depreciation rules and corporate alternative minimum tax.

Part D is focused on the corporate tax and the issues raised by the repatriation of foreign income.

Part E reduces corporate tax rates beginning in 2020; notably it eliminates the top corporate rate of 8.93%.



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LD 1664 Resolve, Regarding Legislative Review of Portions of Chapters 126 and 261: Immunization Requirements for School Children, Joint Major Substantive Rules of the Department of Education and the Department of Health and Human Services

Sponsor: <http://www.legislature.maine.gov/LawMakerWeb/summary.asp?ID=280067093>

Health & Human Services **Committee Status:** OTPA
Public Hearing: 1/3/2018 2:30 PM **Final Status:** Resolve 2017, CH 32

This resolve provides for legislative review of portions of Chapters 126 and 261: Immunization Requirements for School Children, joint major substantive rules of the Department of Education and the Department of Health and Human Services. The substance of the proposed rule is the addition of a Meningococcal vaccine to the required school entry for children entering 7th grade would further protect Maine students from contracting meningitis.

LD 1665 An Act To Maintain Mental Health Staffing at the Dorothea Dix Psychiatric Center and Support Statewide Forensic Services

Sponsor: *Sen. Malaby* <http://www.legislature.maine.gov/LawMakerWeb/summary.asp?ID=280067108>

Health & Human Services **Committee Status:** APP TBL
Public Hearing: 1/24/2018 9:00 AM **Final Status:** PL 2017, CH 380

This law makes permanent 6 limited-period Mental Health Worker I positions and transfers funds from existing resources to fund them.

LD 1676 An Act To Reestablish the Office of Advocacy within the Department of Health and Human Services

Sponsor: *Rep. Denno* <http://www.legislature.maine.gov/LawMakerWeb/summary.asp?ID=280067159>

Health & Human Services **Committee Status:** PTBE
Public Hearing: 1/31/2018 9:30 AM **Final Status:** DEAD

This resolve provides for legislative review of portions of Chapters 126 and 261: Immunization Requirements for School Children, joint major substantive rules of the Department of Education and the Department of Health and Human Services. The substance of the proposed rule is the addition of a This bill reestablishes the Office of Advocacy, abolished in 2011, in the Department of Health and Human Services as an internal agency to protect the interests of individuals with intellectual disabilities and autism.

LD 1682 An Act To Ensure the Quality of and Increase Access to Recovery Residences

Sponsor: *Sen. Bellows* <http://www.legislature.maine.gov/LawMakerWeb/summary.asp?ID=280067165>

Health & Human Services **Committee Status:** APP TBL
Public Hearing: 1/17/2018 9:30 AM **Final Status:** CARRY OVER

This bill directs the Department of Health and Human Services to establish standards for recovery residences based on standards established by the National Alliance for Recovery Residences. It also authorizes the Bridging Rental Assistance Program to assist persons with substance use disorders involving opioids with housing placement in recovery residences, including residences in which residents share rooms. AS AMENDED, the majority report, adds definitions of "person recovering from a substance use disorder" and "recovery residence" and directs the Department of Health and Human Services to establish a voluntary certification process for recovery residences. It also directs the Maine State Housing Authority to create a pilot project to provide a short-term rental subsidy to a person recovering from a substance use disorder to reside in a certified recovery residence.



LD 1685 An Act To Create The Barbara Bush Children's Hospital Registration Plate

Sponsor: *Sen. Collins* <http://www.legislature.maine.gov/LawMakerWeb/summary.asp?ID=280067173>

Transportation **Committee Status:** HWY TBL
Public Hearing: 1/9/2018 1:00 PM **Final Status:** PL 2017, CH 400

This law creates a new specialty registration plate that will generate funds to support The Barbara Bush Children's Hospital at Maine Medical Center.

LD 1707 An Act To Reduce the Cost of Care Resulting from Blood-borne Infectious Diseases

Sponsor: *Rep. Vachon* <http://legislature.maine.gov/LawMakerWeb/summary.asp?paper=HP1187&SessionID=12>

Health & Human Services **Committee Status:** APP TBL
Public Hearing: 1/17/2018 9:30 AM **Final Status:** PL 2017, CH 464

This law provides \$75,000 in funding to support hypodermic apparatus, or syringe, exchange programs.

LD 1709 An Act To Allow the Maine Developmental Services Oversight and Advisory Board Access to Investigations of Suspicious Deaths and Mortality Reviews Performed by the Department of Health and Human Services

Sponsor: *Rep. Parker* <http://legislature.maine.gov/LawMakerWeb/summary.asp?ID=280067239>

Health & Human Services **Committee Status:** APP TBL
Public Hearing: 1/31/2018 9:30 AM **Final Status:** DEAD

This bill grants the Maine Developmental Services Oversight and Advisory Board direct access to the personal planning and other records of a person receiving adult developmental services, subject to appropriate safeguards to protect the person's right to confidentiality, and grants the board direct access to the records of an investigation into the suspicious death of or the records of a mortality review pertaining to a person with intellectual disabilities or autism, subject to appropriate safeguards for the privacy of the deceased person. It also requires the Department of Health and Human Services to notify the board of any report made to a medical examiner regarding a mandated reporter's knowledge or reasonable suspicion that an adult receiving adult developmental services has died as a result of abuse or neglect.

LD 1710 An Act To Restore Maine's School-based Health Centers

Sponsor: *Rep. Handy* <http://legislature.maine.gov/LawMakerWeb/summary.asp?ID=280067241>

Health & Human Services **Committee Status:** APP TBL
Public Hearing: 1/18/2018 1:00 PM **Final Status:** CARRY OVER

This bill restores \$600,000 in one-time funding for SFY 2018-19 to Maine's school-based health centers to the level of funding provided in fiscal year 2016-17. The source of funding is the Fund for Healthy Maine.



LD 1711 Resolve, To Save Lives by Establishing a Homeless Opioid Users Service Engagement Pilot Project within the Department of Health and Human Services

Sponsor: *Rep. Gattine* <http://legislature.maine.gov/LawMakerWeb/summary.asp?ID=280067243>

Health & Human Services

Committee Status: APP TBL

Public Hearing: 1/17/2018 9:30 AM

Final Status: DEAD

As adopted by the legislature, it establishes within DHHS a pilot project to provide rapid access to low-barrier treatment for substance use disorders and stable housing to support recovery and create stability for 50 opioid users who are among the most vulnerable and unstable in the State. It details the pilot project objectives, eligibility criteria for pilot project participants and services that must be provided to those participants, including medication-assisted treatment, intensive case management services and financial and case management assistance to ensure immediate and continued access to stable housing. It requires an independent evaluation of the pilot project and directs DHHS to submit a report to the Legislature regarding the pilot project by March 15, 2019. The joint standing committee is authorized to submit legislation regarding the pilot project, including legislation to continue or to expand the pilot project, to the First Regular Session of the 129th Legislature.

LD 1712 An Act Regarding Health Care Ombudsman Services

Sponsor: *Rep. Vachon* <http://legislature.maine.gov/LawMakerWeb/summary.asp?ID=280067244>

Health & Human Services

Committee Status: ONTP

Public Hearing: 1/16/2018 1:30 PM

Final Status: DEAD

This bill allows Medicaid contracted ombudsman support services to be expanded to support an eligible member applying for federal Affordable Care Act special enrollment health insurance coverage to be paid for by the eligible member.

LD 1714 An Act To Clarify Liability Pertaining to the Collection of Debts of MaineCare Providers by the Department of Health and Human Services

Sponsor: *Rep. Gattine* <http://legislature.maine.gov/LawMakerWeb/summary.asp?ID=280067217>

Health & Human Services

Committee Status: APP TBL

Public Hearing: 1/18/2018 1:00 PM

Final Status: PL 2017, CH 442

This bill clarifies requirements for the definition of an ownership or control relationship for purposes of determining when the Department of Health and Human Services may offset debts owed to the department by a provider against current MaineCare reimbursement due to that provider or an entity related to that provider. It clarifies that the department may not offset current reimbursement owed to an entity related by ownership or control to the provider unless the person whose relationship is the subject of the offset has the voting power to govern the operation of the provider owing the debt. The bill prohibits the department from imposing liability for a debt owed by a provider on any person except a provider notified in accordance with statute of the debt or a person subject to collection by offset. The bill retains the provision in current law allowing the department to recover a debt by seeking a civil penalty for a false claim.

LD 1715 An Act To Ensure Rural Patient Populations Receive Safe and Effective Health Care

Sponsor: *Rep. Stanley* <http://legislature.maine.gov/LawMakerWeb/summary.asp?ID=280067219>

Health & Human Services

Committee Status: DEAD

Public Hearing: 1/16/2018 1:30 PM

Final Status: DEAD

This bill is a concept draft pursuant to Joint Rule 208.

This bill proposes to ensure that patient populations located in rural areas of the State receive safe and effective health care by placing certain reporting and approval requirements on an acute care or critical access hospital that is considering closure or terminating or reducing services. Any such hospital would need to provide at least 6 months' notice to the joint standing committee of the Legislature having jurisdiction over health and human services matters prior to the planned date of closure of the hospital or the termination or reduction of services. The hospital would also need to provide a study to the committee conducted by an independent 3rd party describing the impact of the closure or the termination or reduction of services on the patient population. Any closure or any termination or reduction of services would require approval prior to taking effect.



LD 1717 An Act To Clarify the Authority of the Chief Medical Examiner To Properly Dispose of Abandoned Human Remains

Sponsor: *Rep. Moonen* <http://legislature.maine.gov/LawMakerWeb/summary.asp?ID=280067224>

Judiciary **Committee Status:** PTBE
Public Hearing: 1/18/2018 1:00 PM **Final Status:** PL 2017, CH 335

As enacted, the law authorizes the Chief Medical Examiner to assume responsibility for the disposal of abandoned human remains that are the subject of a medical examiner case if no one takes custody and control of them 30 days after an autopsy or necessary examination has taken place. It also directs the Office of Chief Medical Examiner to charge \$100 per year, per case for forensic preservation of body fragments and fluids. The remains must have a connection to Maine.

LD 1719 An Act To Implement a Regulatory Structure for Adult Use Marijuana

Sponsor: *Rep. Pierce* <http://legislature.maine.gov/LawMakerWeb/summary.asp?ID=280067229>

Marijuana Legalization Implementation **Committee Status:** PTBE
Public Hearing: 1/9/2018 1:00 PM **Final Status:** PL 2017, CH 409

This is the law to implement legalized recreational marijuana. The Summary is too long to reproduce. See this link for the summary of the majority report.: http://www.mainelegislature.org/legis/bills/bills_128th/billtexts/HP119902.asp

LD 1730 An Act To Remove Veterinarians from the Controlled Substances Prescription Monitoring Program

Sponsor: *Sen. Hamper* <http://legislature.maine.gov/LawMakerWeb/summary.asp?ID=280067177>

Health & Human Services **Committee Status:** PTBA
Public Hearing: 2/8/2018 1:00 PM **Final Status:** PL 2017, CH 360

As enacted, this law removes veterinarians from the definition of "prescriber" in the laws governing the Controlled Substances Prescription Monitoring Program (PMP) so that veterinarians are not required to check the program when prescribing controlled substances, including opioids.

It provides that veterinarians who dispense benzodiazepines or opioid medications for animals are dispensers within the PMP. It requires a veterinarian who dispenses a benzodiazepine or an opioid medication to check prescription monitoring information except when the veterinarian is operating in mobile or emergency circumstances or is dispensing less than 48 hours of medication.

LD 1735 An Act To Authorize Regional Medical Control Committees To Have Access to Maine Emergency Medical Services Data for Purposes of Quality Improvement

Sponsor: *Pres. Thibodeau* <http://legislature.maine.gov/LawMakerWeb/summary.asp?ID=280067183>

Criminal Justice & Public Safety **Committee Status:** PTBE
Public Hearing: **Final Status:** PL 2017, CH 373

As enacted, the law specifies that a regional medical control committee established to carry out a plan of quality improvement that has been approved by the Department of Public Safety, Emergency Medical Services' Board may have access to data collected by Maine Emergency Medical Services that allow identification of persons receiving emergency medical treatment for purposes relating to the approved quality improvement plan so long as the release of the data is approved by the Emergency Medical Services' Board, the Medical Direction and Practices Board and the Director of Maine Emergency Medical Services. The amendment also clarifies that the Emergency Medical Services' Board is required to ensure that confidential information submitted to the board by any entity is easily accessible by that entity without charge for a period determined by rule.



LD 1737 An Act To Preserve Medication Management for Persons with Mental Health Needs

Sponsor: *Sen. Breen* <http://legislature.maine.gov/LawMakerWeb/summary.asp?ID=280067185>

Health & Human Services **Committee Status:** APP TBL
Public Hearing: 2/6/2018 1:00 PM **Final Status:** CARRY OVER

As amended, the bill provides \$565K in state funding for a 15% rate increase, provides \$1.1 M in state funding for a 25% rate increase for the medication management services provided under the Department of Health and Human Services, rule Chapter 101: MaineCare Benefits Manual, Chapter III, Section 65: Behavioral Health Services.

LD 1742 Resolve, To Support Vulnerable Seniors by Funding Assisted Living Programs

Sponsor: *Sen. Dill* <http://legislature.maine.gov/LawMakerWeb/summary.asp?ID=280067189>

Health & Human Services **Committee Status:** APP TBL
Public Hearing: 1/16/2018 1:30 PM **Final Status:** CARRY OVER

This resolve provides \$500,000 in one-time funding for the provision of assisted living services at facilities currently operating at a loss, including, but not limited to, facilities in Bangor, Millinocket, Camden and Sanford. It directs DHHS to conduct a review of possible ways to stabilize funding for affordable assisted living facilities that contract with the office of aging and disability services within the Department of Health and Human Services, including permanent increases to existing funding levels, paying the medical costs of certain residents until they are eligible for MaineCare coverage, a practice known as Rate Code 53 spending, and designating facilities as private nonmedical institutions. It directs the department to report back with its recommendations to the joint standing committee of the Legislature having jurisdiction over health and human services matters by January 11, 2019.

LD 1757 An Act To Protect Maine's Economy by Slowing the Rate at Which the State's Minimum Wage Will Increase and Establishing a Training and Youth Wage

Sponsor: *Rep. Stetkis* <http://legislature.maine.gov/LawMakerWeb/summary.asp?ID=280067253>

Labor, Commerce, Research and Economic Development **Committee Status:** DIV RPT
Public Hearing: 1/24/2018 10:00 AM **Final Status:** DEAD

This bill affects the minimum wage by:

1. Reducing the minimum wage from \$10 per hour to \$9.50 per hour beginning June 1, 2018;
2. Reducing the amount by which the minimum hourly wage rates are scheduled to increase annually on January 1st from 2019 to 2021 from \$1 per year to 50 cents per year, and decreasing from \$12 to \$11 the minimum hourly wage rate required to be paid in 2021;
3. Eliminating the cost-of-living adjustment to the minimum wage; and
4. Establishing a training minimum wage for employees 18 years of age or older and under 20 years of age for the first 90 days of employment and a youth minimum wage for employees under 18 years of age.

LD 1762 An Act To Ensure Sustainable Health Care Access in the Jackman Region

Sponsor: *Rep. Grignon* <http://www.legislature.maine.gov/LawMakerWeb/summary.asp?ID=280067303>

Health & Human Services **Committee Status:** APP TBL
Public Hearing: 2/6/2018 1:00 PM **Final Status:** PL 2017, CH 451

As enacted, the law appropriates \$150,000 in "one-time funding" to the Jackman Community Health Center to ensure sustainable health care access in the Jackman region.



LD 1763 An Act To Authorize Certain Health Care Professionals Who Are Not Physicians To Perform Abortions

Sponsor: *Rep. McCreight* <http://www.legislature.maine.gov/LawMakerWeb/summary.asp?ID=280067304>

Committee Status:

Public Hearing:

Final Status: CARRY OVER

This bill allows a physician assistant or an advanced practice registered nurse licensed as such in this State to perform abortions, in addition to a licensed allopathic or osteopathic physician



LD 1768 An Act To Reduce Impairment on the Job and Improve Workplace Safety by Amending the Laws Governing Employment Practices Concerning Substance Use Testing

Sponsor: Sen. Volk

<http://www.legislature.maine.gov/LawMakerWeb/summary.asp?ID=280067287>

Labor, Commerce, Research and Economic Development Committee Status: ONTP

Public Hearing: 1/31/2018 10:00 AM **Final Status:** DEAD

This bill, which has been filed several times, makes changes to the laws governing employment practices concerning substance abuse testing, including the following.

1. It replaces the phrases "substance abuse test" and "substance abuse testing" with "substance use test" and "substance use testing" to reflect current usage.
2. It repeals a section of law that addresses nuclear power plants since there are no operating nuclear power plants in this State.
3. It narrows the definition of "employee" and provides that a full-time employee is an employee who works at least 36 hours a week.
4. It authorizes an employer that has employees subject to a federally mandated substance use testing program to extend federal drug testing activities to its entire workforce in order to maintain a single testing program and specifies that the employer must prepare a substance use testing plan for employees who are not federally regulated, provide a copy of the plan to the employees and the Department of Labor before testing, follow federal notification and procedural protocols for such employees and annually report the results of testing to the department.
5. It streamlines the current substance use testing policy approval by requiring the Department of Labor to develop a uniform impairment and substance use testing policy applicable to all employers. Employers must certify their adoption of the policy and be approved by the Department of Labor prior to conducting substance use testing.
6. It removes the "probable cause" standard and replaces it with an "impairment detection" standard required before the employer may conduct substance use testing. For employers authorized to conduct substance use testing, only an employer or employee approved for impairment detection by the Department of Labor or a licensed physician or nurse may make an impairment detection. This detection may be based on a single work-related accident, unlike the "probable cause" standard under current law. The employer may immediately remove the employee from the workplace pending resolution of the impairment detection.
7. It adds an "impairment determination" process that may be used as an alternative or in addition to a substance use test. Under this process, an occupational health care provider conducts a medical review in order to confirm the impairment detection, which may include a substance use test that includes testing for prescription drugs. If the impairment is confirmed, the employer may take employment action including firing or disciplining the employee, subject to any limitations under the Maine Human Rights Act and any other state or federal law. If the occupational health care provider finds that the employee was not impaired or that such impairment did not pose a safety risk, the employee is entitled to full reinstatement to the employee's position.
8. It adds a violation of an established drug-free workplace policy as grounds for employment action and provides for a treatment period of 12 weeks at the employee's expense.
9. It eliminates the requirement that, prior to establishing a substance use testing program, an employer with over 20 full-time employees have a functioning employee assistance program and instead authorizes employers to have an employee assistance program.
10. It expands the number of establishments that may undertake companywide random substance use testing by authorizing such testing for companies with 10 or more employees instead of with 50 or more employees, as is the current standard.
11. It provides that a confirmed positive substance use test may be reported to the employee only by a medical review officer and allows an employee to provide a legitimate medical explanation for a positive test result for legally obtained medications, preventing the medical review officer from reporting a positive test for that substance to the employer.
12. It allows testing laboratories to use federal testing standards.
13. It adds a new civil violation for any employer noncompliance with the substance use testing laws, for which a fine of not more than \$500 for the first violation, \$750 for the 2nd violation and \$1,000 for the 3rd and subsequent violations may be adjudged.



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LD 1769 An Act To Conform the Laws Regarding a Salaried Employee Who Is Exempt from Overtime and Minimum Wage Requirements to Federal Law

Sponsor: *Sen. Volk* <http://www.legislature.maine.gov/LawMakerWeb/summary.asp?ID=280067288>

Labor, Commerce, Research and Economic Development Committee Status: DIV RPT
Public Hearing: 2/1/2018 1:00 PM **Final Status:** DEAD

This bill amends the description of a salaried employee for the laws governing limits on mandatory overtime and the definition of "employee" in the laws governing minimum wages to conform with the federal guidelines established by the United States Department of Labor under the federal Fair Labor Standards Act. It sets the minimum salary at the threshold established by the United States Department of Labor under that Act. It eliminates the requirement that the salary threshold be tied to the state minimum wage.

LD 1771 An Act To Stabilize Vulnerable Families

Sponsor: *Sen. Volk* <http://www.legislature.maine.gov/LawMakerWeb/summary.asp?ID=280067290>

Health & Human Services Committee Status: PTBE
Public Hearing: **Final Status:** PL 2017, CH 415

As enacted, the law directs DHHS to issue a request for proposals to develop and fund two housing projects that incorporate opioid abuse treatment services for mothers of young children. These projects are to be modeled on the McAuley residences in Portland.

LD 1774 An Act To Reduce Child Poverty by Leveraging Investments in Families for Tomorrow

Sponsor: *Speaker Gideon* <http://www.legislature.maine.gov/LawMakerWeb/summary.asp?ID=280067321>

Health & Human Services Committee Status: PTBE
Public Hearing: 2/14/2018 3:00 PM **Final Status:** PL 2017, CH 387

This law creates the Higher Opportunity Pathways to Employment Program at DHHS. It provides a new benefit for up to 500 individuals who are eligible for the TANF cash benefit, but not currently receiving it and have income below 185% of the poverty level. The benefit is a financial aid program to help these individuals receive higher education or other work certifications. The program is to stress "healthcare, technology and engineering" fields of study.

LD 1775 An Act To Further Delay the Implementation of Certain Provisions of the Marijuana Legalization Act

Sponsor: *Sen. Katz* <http://legislature.maine.gov/LawMakerWeb/summary.asp?ID=280067314>

Marijuana Legalization Implementation Committee Status: DEAD
Public Hearing: 1/19/2018 9:00 AM **Final Status:** DEAD

This bill further delays, until May 1, 2018, the effective date of those provisions of the Marijuana Legalization Act that were delayed until February 1, 2018 by Public Law 2017, chapter 1.

LD 1778 Resolve, Regarding Medicaid Reimbursement for Rehabilitation Hospitals

Sponsor: *Rep. Jorgensen* <http://www.legislature.maine.gov/LawMakerWeb/summary.asp?ID=280067335>

Health & Human Services Committee Status: PTBE
Public Hearing: 2/6/2018 1:00 PM **Final Status:** RESOLVE 2017, CH 41

This resolve directs DHHS to increase the Medicaid reimbursement rate provided to rehabilitation hospitals. This increase in the Medicaid reimbursement rate must be funded using existing hospital reimbursement resources and have no net cost to the General Fund, Other Special Revenue Funds or the Federal Expenditures Fund.



LD 1792 An Act To Improve Market Stability for Maine Residents Purchasing Individual Health Insurance Coverage

Sponsor: *Rep. Lawrence* <http://www.legislature.maine.gov/LawMakerWeb/summary.asp?ID=280067465>

Insurance & Financial Services

Committee Status: ONTP

Public Hearing: 2/27/2018 1:00 PM

Final Status: DEAD

This bill directs the Board of Directors of the Maine Guaranteed Access Reinsurance Association, before proposing a revised plan of operation to resume operations before December 31, 2023, to study and propose a revised plan of operation that may include changes to current law as long as proposed changes are not made that increase the assessments imposed on insurers set forth in the Maine Revised Statutes, Title 24-A, section 3957 (up to \$4 per insured individual).

LD 1811 An Act Regarding Rules Governing the Medical Use of Marijuana Program

Sponsor: <http://www.legislature.maine.gov/LawMakerWeb/summary.asp?ID=280067687>

Committee Status:

Public Hearing:

Final Status: DEAD

This bill prohibits the Department of Health and Human Services from adopting or enforcing rules that are not identical in substance to the rules in effect on January 31, 2018 governing the medical use of marijuana. The prohibition is repealed 90 days after the adjournment of the Second Regular Session of the 128th Legislature. The bill further directs the department to adopt rules governing the medical use of marijuana program that are identical in substance to the rules in effect on January 31, 2018 within 2 business days of the effective date of the enactment of this legislation.

LD 1819 An Act Prohibiting Female Genital Mutilation

Sponsor: *Rep. Sirocki* <http://www.legislature.maine.gov/LawMakerWeb/summary.asp?ID=280067835>

Committee Status: ONTP

Public Hearing:

Final Status: DEAD

This bill defines "female genital mutilation" and makes it a Class A crime to perform female genital mutilation on a female individual under 18 years of age for nonmedical purposes or a Class B crime if the person who performs the female genital mutilation is a parent, guardian or someone who has immediate custody of the female individual. This bill also criminalizes transporting a female individual under 18 years of age outside of the State for the purpose of undergoing female genital mutilation. A physician licensed in Maine who performs a female genital mutilation of a minor is subject to permanent revocation of the medical license of that physician.

This bill extends the statute of limitations to the 25th birthday of a victim of female genital mutilation and allows, in order to determine the age of a female individual who is a victim of female genital mutilation and who does not have a birth certificate, the use of school records or a document filed with a government agency to establish the age of the female individual.

Under the provisions of the bill, it is not a defense to prosecution that the female individual, or the parent, guardian or person who has immediate custody of the female individual, consented to the procedure or believed that it was necessary for custom, religion or ritual. It is a defense to prosecution that the procedure was done for purposes related to the health of the female individual by a person licensed as a physician in this State.



LD 1820 Resolve, Regarding Increases in Reimbursement Rates for Certain Children's Habilitative Services under MaineCare

Sponsor: *Rep. Malaby* <http://legislature.maine.gov/LawMakerWeb/summary.asp?paper=HP1262&SessionID=12>

Health & Human Services

Committee Status: APP TBL

Public Hearing:

Final Status: CARRY OVER

This resolve directs the Department of Health and Human Services to adopt major substantive rules amending rule Chapter 101: MaineCare Benefits Manual, Chapter III, Section 28 by April 1, 2018 to increase reimbursement rates for children's habilitative services and specialized children's habilitative services in accordance with the April 24, 2017 report "Rate Study for Behavioral Health and Targeted Case Management Services: Final Proposed Rates for Formal Rulemaking" prepared for the department by Burns & Associates, Inc.

LD 1822 An Act To Amend the Laws Governing Offenses against the Person

Sponsor: *Rep. Cardone* <http://www.legislature.maine.gov/LawMakerWeb/summary.asp?ID=280067858>

Criminal Justice & Public Safety

Committee Status: ONTP

Public Hearing:

Final Status: DEAD

This bill defines "female genital mutilation" and makes it a Class A crime to perform female genital mutilation on a female individual under 18 years of age for nonmedical purposes. A violation of female genital mutilation of a minor by a person licensed by the Board of Licensure in Medicine or the Board of Osteopathic Licensure or a midwife licensed in Maine is grounds for permanent revocation of the license of that person or midwife.

Under the provisions of the bill it is not a defense that the female individual, or the parent, guardian or person who has immediate custody of the female individual, consented to the procedure or believed that it was necessary for custom, religion or ritual. It is a defense that the procedure was necessary to the health of the female individual or performed for medical purposes on a female individual in labor or who has just given birth and was performed by a person licensed in this State by the Board of Licensure in Medicine or the Board of Osteopathic Licensure or a midwife or a person in an approved training program under the supervision of a physician or midwife licensed in this State.

This bill also authorizes DHHS to institute a community outreach program regarding female genital mutilation for specific communities in which female genital mutilation of minors might be practiced that provides support services, training and educational materials

LD 1837 An Act To Allow Cash Prizes for Certain Raffles Conducted by Charitable Organizations

Sponsor: *Sen. Katz* <http://www.legislature.maine.gov/LawMakerWeb/summary.asp?ID=280067929>

Veterans & Legal Affairs

Committee Status: PTBE

Public Hearing: 2/26/2018 10:00 AM

Final Status: PL 2017, CH 365

Current law allows an eligible organization that has registered with the Gambling Control Unit within the Department of Public Safety to conduct one raffle in a 12-month period awarding noncash prizes, up to \$75,000 in value. This bill allows that raffle to include total cash prizes not exceeding \$20,000 with no more than one \$10,000 prize for the holder of a winning chance.



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LD 1857 An Act To Implement the Recommendations of the Commission To Streamline Veterans' Licensing and Certification Regarding Licensed Practical Nurses

Sponsor: <http://legislature.maine.gov/LawMakerWeb/summary.asp?paper=HP1294&SessionID=12>

Labor, Commerce, Research and Economic Development Committee Status: APP TBL

Public Hearing: 3/15/2018 1:00 PM **Final Status:** DEAD

As amended, the bill authorizes a person with specific military training and experience to take the examination for licensure as a licensed practical nurse. This amendment requires such a person to complete a practical nursing preparation program approved by the State Board of Nursing and designed specifically for applicants with military training and experience prior to taking the licensing examination. The program may include a combination of apprenticeship and traditional educational experiences. The board is directed to adopt provisional, major substantive rules establishing the requirements for approval of the program by March 1, 2019 and is directed to invite the participation of stakeholders in the rule-making process.

The amendment implements a recommendation of the Task Force on Maine's 21st Century Economy and Workforce by providing \$650,000 in ongoing funding to support the hiring of additional nursing faculty and the acquisition of equipment and instructional space to expand nursing classes at Southern Maine Community College, Central Maine Community College and Eastern Maine Community College as well as \$200,000 in one-time funding to support the acquisition of a nursing simulator at Northern Maine Community College.

LD 1866 An Act To Increase Youth Mental Health Awareness in Schools

Sponsor: *Rep. Handy* <http://www.legislature.maine.gov/LawMakerWeb/summary.asp?ID=280068203>

Education & Cultural Affairs Committee Status: PTBE

Public Hearing: 3/26/2018 1:00 PM **Final Status:** DEAD

As adopted by the legislature, it requires school administrative units to schedule and ensure training in youth mental health first aid for educators providing health instruction in addition to the current requirement to schedule and ensure training for health educators. It also requires school administrative units to ensure that training is provided to those educators in middle schools and high schools instead of only in high schools

It also requires a school administrative unit to meet the training requirements if it has access to free training that meets national standards. Currently, a school administrative unit is required to meet the training requirements only if it received federal funding, private funding or other funding for the purpose of establishing such a program.

LD 1867 An Act To Reestablish Certain Positions within the Department of Health and Human Services

Sponsor: *Rep. Chace* <http://legislature.maine.gov/LawMakerWeb/summary.asp?paper=HP1303&SessionID=12>

Committee Status:

Public Hearing: **Final Status:** DEAD

This bill establishes 8 positions in the Department of Health and Human Services to replace positions that were eliminated by Public Law 2017, chapter 284, Part ZZZZZZ, section 9.



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LD 1868 Resolve, To Increase Funding for Evidence-based Therapies for Treating Emotional and Behavioral Problems in Children

Sponsor: *Rep. Madigan* <http://legislature.maine.gov/LawMakerWeb/summary.asp?ID=280068205>

Health & Human Services

Committee Status: APP TBL

Public Hearing: 3/21/2018 10:00 AM

Final Status: CARRY OVER

This resolve requires the Department of Health and Human Services to increase the MaineCare reimbursement rates for evidence-based therapies for treating emotional and behavioral problems in children to rates that cover all costs to the provider of delivering the services, including additional training, clear waiting lists and attract providers to all areas of the State, including underserved rural areas. These rates must be set on a per case per week basis. AS AMENDED, the majority report the committee supported a temporary 20% rate increase and a minority supported a temporary 15% rate increase. They also decided to craft a second bill that requires a third-party rate study be conducted for this service. The increases proposed here would be adjusted depending on the outcome of the rate study.

LD 1871 An Act To Implement the Recommendations of the Task Force To Address the Opioid Crisis in the State Regarding Respectful Language

Sponsor: *Emergency* <http://www.legislature.maine.gov/LawMakerWeb/summary.asp?ID=280068223>

Health & Human Services

Committee Status: PTBE

Public Hearing: 3/22/2018 1:00 PM

Final Status: PL 2017, CH 407

This law implements a recommendation of the Task Force to Address the Opioid Crisis in the State. The law replaces statutory references to "substance abuse" with "substance use disorder." It also replaces statutory references to "addict" with "person with substance use disorder." The changes in language are intended to be respectful and minimize stigma for individuals who suffer with this disorder. The law directs the Department of Health and Human Services to replace references to "substance abuse" in its rules, forms, policies and publications with "substance use disorder."

The law is not intended to change eligibility requirements for services or benefits provided by the department or affect the State's eligibility or requirements for federal programs or grants.

LD 1875 An Act To Amend the Maine Life and Health Insurance Guaranty Association Act

Sponsor: *Sen. Wittemore* <http://www.legislature.maine.gov/LawMakerWeb/summary.asp?ID=280068255>

Insurance & Financial Services

Committee Status: PTBE

Public Hearing: 3/28/2018 1:00 PM

Final Status: PL 2017, CH 382

This law amends the Maine Life and Health Insurance Guaranty Association Act to incorporate changes adopted by the National Association of Insurance Commissioners in its 2017 amendments to its Life and Health Insurance Guaranty Association Model Act.

Under the law, for insolvencies and impairments occurring on and after July 1, 2018, health maintenance organizations are made members of the association and assessments arising out of long-term care insurance business, which are currently allocated entirely to the health insurance account, are divided equally between the life and health insurance industries. The law also makes various conforming amendments and technical corrections to the Maine Life and Health Insurance Guaranty Association Act and the Insurance Rehabilitation and Liquidation Law.

LD 1879 An Act To Enhance and Increase the Availability of Mental Health Providers in Maine

Sponsor: *Rep. Handy* <http://www.legislature.maine.gov/LawMakerWeb/summary.asp?ID=280068292>

Committee Status: APP TBL

Public Hearing: 3/28/2018 1:00 PM

Final Status: CARRY OVER

This law establishes and provides funding for the Maine Mental Health Providers Loan Repayment Program to be administered by the Finance Authority of Maine. Under the program, mental health providers may have portions of their student loans repaid annually for up to 5 years, as long as the participants meet certain criteria, including agreeing to practice in an underserved practice area for at least 5 years after acceptance into the program.



LD 1884 An Act To Create a Community Protection Order To Allow Courts To Prevent High-risk Individuals from Possessing Firearms

Sponsor: *Sen. Dion* <http://legislature.maine.gov/LawMakerWeb/summary.asp?paper=SP0719&SessionID=12>

Judiciary **Committee Status:** DIV RPT
Public Hearing: 2/3/2018 1:00 PM **Final Status:** DEAD

This bill creates a community protection order to authorize a court to order a person to surrender that person's firearms temporarily for 21 days or on an extended basis for 180 days when it has been proved that the person poses a danger of causing personal injury to that person or another person. The bill provides that:

1. A law enforcement officer or a family or household member may file a petition for a temporary community protection order, which expires in 21 days. A temporary community protection order may be issued on an ex parte basis. The court is required to hold a hearing to determine if the temporary community protection order should be extended for an additional 180 days;
2. A person who is the subject of a community protection order is required to surrender all firearms in the person's possession to a law enforcement officer. The firearms must be returned to the person at the expiration of the community protection order; and
3. A person who possesses firearms in violation of a community protection order commits a Class D crime. Part of the sentence must include a prohibition on possession of firearms for an additional 2 years.

LD 1885 An Act To Implement the Recommendations of the Task Force To Address the Opioid Crisis in the State Regarding Increased Access to Drug Courts

Sponsor: <http://www.legislature.maine.gov/LawMakerWeb/summary.asp?ID=280068338>

Judiciary **Committee Status:** APP TBL
Public Hearing: **Final Status:** CARRY OVER

LD 1888 An Act To Amend the Workers' Compensation Laws Governing Affiliated Self-insurance Groups

Sponsor: *Sen. Volk* <http://www.legislature.maine.gov/LawMakerWeb/summary.asp?ID=280068343>

Insurance & Financial Services **Committee Status:** DIV RPT
Public Hearing: 3/28/2018 1:00 PM **Final Status:** PL 2017, CH 401

As enacted, this law amends the workers' compensation laws governing self-insurers. It requires a group self-insurer that provides an irrevocable standby letter of credit as security to file with the Superintendent of Insurance a letter of credit and other agreements or documents relating to the employer's reimbursement obligations.

The law amends the workers' compensation laws governing the participation of employers in a group self-insurance plan. It requires a group self-insurer to maintain an actuarially determined fully funded trust as security for self-insurance, except that the Superintendent of Insurance may authorize an affiliated group self-insurer meeting certain requirements to secure the liabilities of each of its members. It requires that if the status of a group self-insurer is terminated the required security remains subject to the control of the Workers' Compensation Board until claims against the group self-insurer have been discharged.

The law removes a requirement that reinsurance contracts name the self-insurer as a coinsured with the Maine Self-Insurance Guarantee Association. It also authorizes a member of a group self-insurer and a successor employer of a member to apply for continuing membership in the group self-insurer.



LD 1889 An Act To Increase Safety for Maine Citizens by Amending the Definition of "Likelihood of Serious Harm" in the Laws Governing Mental Health and Hospitalization To Include Consideration of a Person's Potential for Future Serious Harm

Sponsor: *Rep. Malaby* <http://www.legislature.maine.gov/LawMakerWeb/summary.asp?ID=280068361>

Judiciary

Committee Status: OTPA

Public Hearing: 4/4/2018 1:30 PM

Final Status: CARRY OVER

Under current law, for the purpose of admission to a progressive treatment program a determination that a person poses a likelihood of serious harm takes into consideration the likelihood that a person's mental health will deteriorate and that the person will in the foreseeable future pose a likelihood of serious harm. This bill expands the definition of "likelihood of serious harm" to apply those same considerations for purposes other than admission to a progressive treatment program.

LD 1892 An Act To Clarify the Prescribing and Dispensing of Naloxone Hydrochloride by Pharmacists

Sponsor: *Speaker Gideon* <http://www.legislature.maine.gov/LawMakerWeb/summary.asp?ID=280068392>

Committee Status: PTBE

Public Hearing:

Final Status: PL 2017, CH 417

This law clarifies that a pharmacist may prescribe and dispense naloxone hydrochloride to an individual of any age who is at risk of experiencing an opioid-related drug overdose; is a member of the immediate family of, or a friend of, an individual at risk of experiencing an opioid-related drug overdose; or is in a position to assist an individual at risk of experiencing an opioid-related drug overdose.

LD 1893 An Act To Ensure Fair Employment Opportunity for Maine Citizens and Legal Residents by Requiring the Use of a Federal Immigration Verification System

Sponsor: *Rep. Lockman* <http://www.legislature.maine.gov/LawMakerWeb/summary.asp?ID=280068393>

Committee Status:

Public Hearing:

Final Status: DEAD

This bill requires every public employer and public contractor to register with and use a federal immigration verification system, currently known as E-Verify, to determine the work eligibility status of new employees physically performing services within the State.

LD 1899 Resolve, To Require the Department of Health and Human Services To Submit a State Plan Amendment Regarding Assets in Retirement and Education Accounts

Sponsor: *Rep. Casas* <http://www.legislature.maine.gov/LawMakerWeb/summary.asp?ID=280068565>

Health & Human Services

Committee Status: APP TBL

Public Hearing:

Final Status: CARRY OVER

This resolve requires the Department of Health and Human Services to prepare and submit a state plan amendment to the Centers for Medicare and Medicaid Services in order to make a change in Medicaid eligibility requirements for individuals with disabilities who are living with dependent children by disregarding assets held in qualifying retirement and education accounts.



LD 1904 An Act To Prohibit the Practice of Female Genital Mutilation of a Minor

Sponsor:

<http://www.legislature.maine.gov/LawMakerWeb/summary.asp?ID=280068648>

Criminal Justice & Public Safety

Committee Status: DIV RPT

Public Hearing:

Final Status: DEAD

This bill is reported out by a majority of the Joint Standing Committee on Criminal Justice and Public Safety. This bill defines "female genital mutilation" as the circumcision, excision, mutilation or infibulation, in whole or in part, of the labia majora, labia minora or clitoris of a female individual but excludes from the definition medical procedures that are necessary to the health of the female individual or performed for medical purposes on a female individual in labor or who has just given birth, as long as the medical procedure was performed by a person licensed in the State by the Board of Licensure in Medicine or the Board of Osteopathic Licensure or by a licensed midwife or a person in an approved training program under the supervision of a physician or midwife licensed in this State.

The bill makes it a Class A crime to perform female genital mutilation on a female individual under 18 years of age, to knowingly transport a female individual under 18 years of age outside of this State for purposes of female genital mutilation or to knowingly consent to female genital mutilation of a female individual under 18 years of age. Under the provisions of the bill, it is not a defense that the victim or the parent, guardian or person who has immediate custody of the victim consented to the procedure or believed that it was desired as part of a social norm or was necessary for custom, religion or ritual.

LD 1911 An Act To Improve Access to Services for Adults with Serious and Persistent Mental Illness

Sponsor: *Rep. Malaby*

<http://www.legislature.maine.gov/LawMakerWeb/summary.asp?ID=280068855>

Committee Status:

Public Hearing:

Final Status: CARRY OVER

This bill establishes the right of an adult with serious and persistent mental illness who is denied access to services by a provider contrary to the terms of the provider's contract with the Department of Health and Human Services to seek department review of that action. If department review does not resolve the matter, the consumer may bring a private right of action in District Court for injunctive relief.



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