

FIRST SESSION SUMMARY

128TH LEGISLATURE

August 18, 2017

MAINE STATE HOUSE

MHA



**Maine Hospital
Association**

FIRST SESSION SUMMARY

The First Session of a Legislature is always the “long” session because it is scheduled to end in June, as opposed to the Second Session, which is scheduled to end in April. This time, the First Session ran all the way to August, and included a temporary, three-day shut-down of state government.

HISTORICAL RESULTS

	128 th (2017) First Session	127 th (2015) First Session	126 th (2013) First Session	125 th (2011) First Session
Bills Filed	1646	1455	1577	1588
Enacted	349	442	524	595
Carried Over	340	176	213	134
Vetoes (Total/Overridden)	(128/55)	(178/126)	(82/5)	(12/0)

The first session saw more bills filed than have been for some time. However, the trend of fewer bills actually being enacted in the first session has continued. In fact, the number of new laws is 40% fewer than in 2011.

BILLS MHA IS FOLLOWING

	Number	Percentage
Dead	81	46%
Enacted	44	25%
Carried Over	55	31%
Total	180	

This document outlines the **legislation enacted** (pages 2-14); **legislation carried over** (pages 15-27) and **legislation rejected** (pages 28-31).



I: LEGISLATION ENACTED

Legislation enacted in the first session has an effective date of November 1, 2017 unless the bill either has a specific effective date, or the bill was enacted as an emergency, in which case, it is effective on the date enacted by the Legislature.

Appropriations Committee (1 new law)

LD 390 – The FY 2018-2019 Biennial Budget

1. The **Hospital Tax – Rebase from 2012 to 2014 income** included in proposal. State estimate is \$7.5M per year.
 - Page 350; and Page 695, Part IIII
2. **MATCH PROVIDED** – Match included in proposal. Match amount is equal to \$7M or approximately 93% of the tax amount; this is a higher proportion of match than we've previously received.
 - Pages 800
3. **CAH Cut** – Removed from proposal.
4. **Hospital-Based Physician Cut (Facility Fee)** – Removed from proposal.
5. **Eligibility Cut (19 & 20 year olds)** – Removed from proposal.
6. **Eligibility Cut (Parents b/t 40% - 100% FPL)** – Removed from proposal.
7. **Fund for Healthy Maine Cuts** – \$10M in cuts were included over the biennium. There is supposedly \$6M in "surplus" funding that can be used; but there will need to be an additional \$4M in program cuts as well.
 - Pages 798 and 800
8. **Doctors for Maine's Future** – Funding for 2 more years included in proposal.
 - Page 819, Part LLLLLLL
9. **DHHS Positions** – Many of the 192 positions slated for elimination were included in the proposal. However, funding for 10 or 11 public health nursing positions were restored.
 - Many pages
10. **Moratorium on Certain Rate Cuts** – There is a moratorium on DHHS doing any rulemaking to institute rate cuts to Sections 13, 17, 28 and 65 until June 30, 2019.
 - Page 832, Part SSSSSS
11. **Disability Determinations** – Budget does not include a change to the disability determination cutoff from 45 days to 90 days for applications for aid based on a disability. MHA previously reported that this was in the budget.

The budget that was tentatively approved by the Appropriations Committee in May and that was the "base" for the further negotiations in June and July did include this provision (as Part GGGG). However, it did not make it into the final document and, therefore, no change has been made.

12. Additional Opioid Funding – While not in the original budget, there was a hope that there would be additional funding for opioid treatment of the uninsured, as there was in the FY 2017 Supplemental Budget. No funding was provided for FY 2018, mainly because the FY 2017 funding has not been spent and will be available in FY 2018.

Hospital Bottom Line – The budget as proposed was going to cut hospitals by over \$99M during the upcoming two years. It now appears that the hospital loss will be approximately \$1M.

	Proposed Budget (2-year Biennial)			Enacted (2-year Biennial)		
	FY 2018	FY 2019	Total	FY 2018	FY 2019	Totals
Hospital Tax	\$7.5M	\$7.5M	\$15M	\$7.5M	\$7.5M	\$15M
Match (Gain to Hospitals)	-	-	-	\$7.0M	\$7.0M	\$14M
CAH Rate Cut	\$6.3M	\$6.3M	\$12.6	Removed	Removed	Removed
HOPD Cut	\$16M	\$16M	\$32M	Removed	Removed	Removed
Eligibility I (19 & 20 year olds)	\$3M	\$6.1M	\$9.1M	Removed	Removed	Removed
Eligibility II (Parents b/t 40%- 100% FPL)	\$0	\$30.6M	\$30.6M	Removed	Removed	Removed
Net Hospital Loss			\$99.3M	\$0.5M	\$0.5M	\$1M

Other Budget Items.

- **3% Income Tax Surcharge** – Removed from proposal. (Page 658, Part D.)
- **K-12 Education Funding** – Increased by \$48M in FY 2018 (this fiscal year) and another \$113M in FY 2019 (next fiscal year). The budget does require that 50% of this funding be used for property tax relief. The recent, locally approved school budgets each assumed some level of state aid. To the extent the state budget provides more K-12 funding to the community than what was assumed, half of the amount above what was assumed must be returned to property taxpayers as tax relief. It would appear this provision only applies in FY '18 since the FY '19 school budgets have not been adopted.
- **Riverview** – The budget sets aside \$65M for Riverview in case CMS requires the state to return the federal funding that the state has been pulling down since Riverview was decertified. The source of the \$65M is the so-called “rainy day fund.” So, if CMS does not actually seek the full \$65M, MHA doesn’t anticipate that all legislators will view that funding as available to be spent on other state budget issues next year.

- **Rate Increases for Direct Care Workers** – Section 21 and 29 direct care workers are being given raises. These individuals work primarily with Medicaid recipients with intellectual disabilities. However, funding was only budgeted for FY 2018, so this biennial budget has a built-in structural deficit for FY 2019.

Health and Human Services Committee (13 new laws)

- LD 183 – ***An Act Requiring the Use of the Electronic Death Registration System*** (PL 2017, [Ch. 37](#))
This bill requires that, except for certificates filed by family members and domestic partners of the deceased, a certificate of death be filed using the electronic death registration system maintained by the State Registrar of Vital Statistics.
- LD 184 – ***An Act To Allow Hospitals To More Efficiently Monitor the Prescribing of Controlled Substances by Amending the Laws Governing Access to Prescription Monitoring Information*** (PL 2017, [Ch. 87](#))
This law allow a hospital to more efficiently monitor the prescribing of controlled substances by employed prescribers by authorizing a hospital's chief medical officer, medical director or other similar individual employed by the hospital to access prescription monitoring information of employed prescribers. This law will require some functionality changes to the Prescription Monitoring Program before the benefits of the law can be fully implemented.
- LD 273 – ***An Act To Add an Exception to Prescription Monitoring Program Requirements*** (PL 2017, [Ch. 122](#))
Current law provides an exception to the requirement to check prescription monitoring information when a healthcare professional orders or administers the medication to a person in an emergency room, an inpatient hospital, a long-term care facility or a residential care facility. As enacted, this law expands the exception to include when a healthcare professional orders, prescribes or administers medication to a person suffering from pain associated with end-of-life, or hospice care.
- LD 479 – ***An Act To Inform Patients of the Dangers of Addicting Opioids*** (PL 2017, [Ch. 186](#))
As enacted, the law requires healthcare entities that include prescribers of opioid medications to develop an opioid medication prescribing policy that includes risk assessment, informed consent and counseling on the risk of opioid use. The policy must be developed by January 1, 2018.
- LD 517 – ***An Act To Amend Principles of Reimbursement for Nursing Facilities and for Residential Care Facilities*** (PL 2017, [Ch. 304](#))
This bill allows the Department of Health and Human Services to permit capital expenditures by residential care facilities for new construction, acquisitions and renovations that are less than \$500,000 and to provide reimbursement without prior approval. It requires the department to provide an extraordinary circumstance allowance in permitted reimbursement to residential care facilities. It provides that costs incurred by

a residential care facility to comply with federal or state laws, regulations and rules are considered reasonable and necessary costs.

- LD 764 – ***An Act To Limit the Exclusion of a Patient from Eligibility for an Organ Transplant Based on Medical Marijuana Use*** (PL 2017, [Ch. 252](#))

This law requires medical professionals who are reviewing a patient for suitability for receiving a transplant to treat the patient's use of marijuana as they would treat the patient's use of other medications.

- LD 952 – ***An Act To Ensure Access to Opiate Addiction Treatment in Maine*** (PL 2017, [Ch. 305](#))

This law allows the Department of Health and Human Services to amend its rules to increase the MaineCare reimbursement rate for outpatient opioid treatment. It further requires DHHS to amend its rules to permit outpatient opioid treatment providers to be open 6 days per week as provided under federal law. It authorizes registered professional nurses, certified nurse practitioners and licensed practical nurses to dispense opioid medication for substance abuse treatment purposes to patients in an opioid treatment program.

- LD 1031 – ***An Act To Establish Reasonable and Clinically Appropriate Exceptions to Opioid Medication Prescribing Limits*** (PL 2017, [Ch. 213](#))

Public Law 2015, Chapter 488 requires that, beginning July 1, 2017, the aggregate amount of opioid medication prescribed to a patient may not be in excess of 100 morphine milligram equivalents per day and directs the Department of Health and Human Services to adopt rules establishing reasonable exceptions to those prescriber limits.

This law makes the following changes to the laws relating to the Controlled Substances Prescription Monitoring Program and limits on opioid prescribing.

1. In the laws governing the Palliative Care and Quality of Life Interdisciplinary Advisory Council, it changes the definition of "palliative care" to clarify that palliative care does not always include a requirement for hospice care or attention to spiritual needs and includes chronic, unremitting or intractable pain such as neuropathic pain as an example of "serious illness."
2. It changes the definition of "dispenser" to remove healthcare professionals.
3. It removes the requirement to submit to the Department of Health and Human Services information regarding a controlled substance that is dispensed by a hospital emergency department for use during a period of 48 hours or less.
4. It adds to the list of individuals who can access the Controlled Substances Prescription Monitoring Program information the staff members of a group practice of prescribers who are authorized by a designated group practice leader, insofar as the information relates to a patient receiving care from that group practice.
5. It removes the requirement for a dispenser to notify the Controlled Substances Prescription Monitoring Program if the dispenser has reason to believe that a

prescription is fraudulent or duplicative, maintaining the requirement that the dispenser contact the prescriber.

6. It clarifies that the requirement to check the Controlled Substances Prescription Monitoring Program does not apply for surgical procedures, rather than only inpatient surgery.
 7. It clarifies that dispensing in connection with surgical procedures is exempt from the 100 morphine milligram equivalents limitation on opioids.
 8. It clarifies that an opioid product that is labeled by the federal Food and Drug Administration to be dispensed only in a stock bottle that exceeds a 7-day supply may be prescribed as long as the amount dispensed does not exceed a 14-day supply.
 9. It makes all rules related to the Controlled Substances Prescription Monitoring Program major substantive rules except that the Department of Health and Human Services is directed to adopt routine technical rules to conform to the changes in the definition of "dispenser" and the removal of the requirement of a pharmacist to notify the program when a prescription appears fraudulent or duplicative.
- LD 1108 – ***An Act To Restore Public Health Nursing Services*** (PL 2017, [Ch. 312](#))
This law requires the Department of Health and Human Services to promptly fill all public health nurse positions within the Public Health Nursing Program for which funding is provided. It prohibits the transfer or otherwise repurposing of any funds appropriated or allocated for the salaries, benefits and other costs of public health nurses and the services they provide. It changes reporting deadlines for the Director of the Public Health Nursing Program under the Department of Health and Human Services to report to the Health and Human Services Committee on the progress of the department in achieving full staffing of the Public Health Nursing Program. The amendment also removes the appropriations and allocations section.
 - LD 1112 – ***An Act Regarding the Maternal and Infant Death Review Panel*** (PL 2017, [Ch. 203](#))
This law changes the maternal and infant death review panel to the maternal, fetal and infant mortality review panel. It provides that "director" in the laws governing the review panel refers to the medical director of the Maine Center for Disease Control and Prevention because of the recent reorganization of personnel within the center. It allows the panel coordinator of the review panel to obtain, without the individual's or family's consent, the health information of a woman who died during pregnancy or within 42 days of giving birth, a child who died within one year of birth or a mother of a child who died within one year of birth, including fetal deaths after 28 weeks of gestation. It provides that the review panel is required to meet at least twice per year.

- LD 1363 – ***Resolve, Regarding Legislative Review of Portions of Chapter 11: Rules Governing the Controlled Substances Prescription Monitoring Program and Prescription of Opioid Medications, a Late-Filed Major Substantive Rule of the Department of Health and Human Services*** (Resolve 2017, [Ch. 16](#))

This law provides that the Department of Health and Human Services may finally adopt portions of Chapter 11: Rules Governing the Controlled Substances Prescription Monitoring Program and Prescription of Opioid Medications, a provisionally adopted major substantive rule that was filed outside the legislative rule acceptance period, only if the rule is modified.

The first required modification is to the routine technical portions of the rule establishing Exemption Code A for active and aftercare cancer treatment. The exemption code in the rule must be amended to remove the 6-month limit for aftercare cancer treatment post remission.

The second required modification is to the routine technical portions of the rule establishing Exemption Code H for circumstances when an individual is prescribed a second opioid after proving unable to tolerate a first opioid. The exemption code in the rule must be amended so that the individual is not required to return the initial prescription to a pharmacy for collection prior to dispensation of the second prescription. The department must recommend to dispensers that patients are provided with guidance on proper disposal of the first opioid prescription.

The third required modification is to allow for dispensers to provide an early refill of a prescription before the refill date if, in the judgment of the dispenser, the early refill does not represent a pattern of early refill requests by the individual.

The fourth required modification is to allow for dispensers to contact prescribers by telephone to verify and document information about prescriptions.

The fifth required modification is to establish a process for a dispenser who receives a prescription for an opioid medication from an out-of-state prescriber that does not comply with department rules. The dispenser may fill the prescription if the dispenser records an oral confirmation with the validity of the prescription from the out-of-state prescriber and documents any missing information such as diagnosis code, exemption code and acute or chronic pain notation and the dispenser makes a reasonable effort to determine that the oral confirmation came from the prescriber or prescriber's agent, which may include a telephone call to the prescriber's telephone number listed in a telephone directory or other directory.

The sixth required modification is to delay the requirement for dispensers to provide information to the Prescription Monitoring Program on the exemption code and ICD-10 code until July 1, 2018 and allow the Department of Health and Human Services to approve waivers after July 1, 2018 for dispensers who are unable with good cause to comply with the requirement.

- LD 1485 – ***An Act Regarding MaineCare Coverage for Telehealth Services*** (PL 2017, [Ch. 307](#))
This law establishes an advisory group within the Department of Health and Human Services to study telehealth and telemonitoring.
- LD 1619 – ***An Act To Report Limited Information to the Controlled Substances Prescription Monitoring Program Concerning Methadone*** (PL 2017, [Ch. 243](#))
As enacted, the law allows for the name of a methadone treatment facility and dosage information regarding methadone for the treatment of opioid dependency to be entered into the Controlled Substances Prescription Monitoring Program (PMP) if a patient has given consent to the facility and the information is disclosed only during a medical emergency and only to medical personnel involved in treating the patient. Any disclosure of methadone dosage information must be documented in the Controlled Substances Prescription Monitoring Program and communicated to the methadone treatment facility. DHHS is obligated to convene a stakeholder group to discuss changes to the PMP to carry out intent of this law.

Insurance & Financial Services Committee (8 new laws)

- LD 6 – ***An Act To Prohibit Insurance Carriers from Retroactively Reducing Payment on Clean Claims Submitted by Pharmacies*** (PL 2017, [Ch. 44](#))
As enacted, the law prohibits a carrier or pharmacy benefits manager from imposing on an enrollee in a health plan a copayment or other charge that exceeds the cost of the medication. The amendment also prohibits a carrier or pharmacy benefits manager from penalizing a pharmacy provider for disclosing relevant information about the cost or clinical efficacy of a medication to an enrollee.
- LD 12 – ***An Act To Incorporate Protections for Living Donors into Maine Law*** (PL 2017, [Ch. 20](#))
As enacted, this law “clarifies” that insurers may not discriminate in the offering, issuance, cancellation, amount of coverage, price or other condition of a life insurance, disability insurance or long-term care insurance policy based solely and without any additional actuarial justification upon the status of an individual as a living organ donor.
- LD 445 – ***An Act To Encourage Maine Consumers To Comparison-Shop for Certain Health Care Procedures and To Lower Health Care Costs*** (PL 2017, [Ch. 232](#))
This is the so-called “right to shop” legislation.

This law requires carriers offering health plans in the State, beginning January 1, 2019, to establish a small-group health plan design, for all small-group health plans compatible with health savings accounts authorized under federal law, in which enrollees are directly incentivized to shop for comparable healthcare services from low-cost, high-quality providers. The law leaves it to carriers to craft the incentive.

The law defines "comparable healthcare service" as a nonemergency, outpatient healthcare service in the following 4 categories:
 - physical and occupational therapy services;
 - radiology and imaging services;

- laboratory services; and
- infusion therapy services.

The law requires the Superintendent of Insurance to study and evaluate the incentive programs used by carriers and report annually to the Legislature beginning March 1, 2020. These provisions are repealed on January 1, 2024.

Beginning January 1, 2018, the law requires carriers to develop and make available a website and toll-free telephone number to allow enrollees to obtain information about estimated costs for obtaining comparable healthcare services from network providers. The amendment permits a carrier to direct enrollees to the publicly accessible healthcare costs website of the Maine Health Data Organization.

Beginning January 1, 2019, the law requires carriers upon request by an enrollee to apply the amount paid for a comparable healthcare service provided by an out-of-network provider toward the enrollee's member cost sharing as specified in the enrollee's health plan as if the healthcare services were provided by a network provider, as long as the cost of the out-of-network service is the same or less than the statewide average payment for the same service based on data reported on the publicly accessible healthcare costs website of the Maine Health Data Organization.

A carrier may use the average network price paid by the carrier in lieu of the statewide average payment for the same service based on data reported on the publicly accessible healthcare costs website of the Maine Health Data Organization. The law defines an out-of-network provider as a provider located in Maine, Massachusetts or New Hampshire that is enrolled in the MaineCare program as a provider and that participates in Medicare. This provision is repealed January 1, 2024.

The law also requires providers to notify patients of their right to obtain comparable healthcare services from a different provider at the time a provider makes a referral or recommendation for a comparable healthcare service during an in-person visit.

- LD 659 – ***An Act To Amend the Maine Guaranteed Access Reinsurance Association Act*** (PL 2017, [Ch. 124](#))
- LD 1198 – ***An Act To Enhance the Administration of the State's Group Health Plan*** (PL 2017, [Ch. 56](#))
- LD 1385 – ***An Act Governing Direct Primary Care Membership Agreements*** (PL 2017, [Ch. 112](#))

This law provides that a direct primary-care service agreement (DPSA) is not insurance and is not subject to regulation by the Bureau of Insurance. A DPSA is defined as a contract between a direct primary-care provider and an individual patient in which the provider agrees to provide primary-care services to the individual patient for an agreed-to fee over an agreed-to period of time and the provider agrees not to bill third parties on a fee-for-service or capitated basis. The law clarifies that a direct primary care provider is not prohibited from entering into an agreement with an insurer offering a policy

specifically designed to supplement a DPSA or from entering into a pilot program for direct primary care with a federal or state agency that provides health coverage.

- LD 1544 – ***An Act To Update the Maine Insurance Code To Maintain Conformance with Uniform National Standards*** (PL 2017, [Ch. 169](#))
- LD 1557 – ***An Act To Protect Maine Consumers from Unexpected Medical Bills*** (PL 2017, [Ch. 218](#))

This law provides that a carrier shall require an enrollee who receives a surprise bill from an out-of-network provider to pay only the applicable cost-sharing coinsurance, copayment, deductible or other out-of-pocket expense that would be imposed for the healthcare services if the services were rendered by a network provider.

The amendment also sets the reimbursement rate for that out-of-network provider at the average network rate under the enrollee's health plan unless the carrier and out-of-network provider agree otherwise. If an out-of-network provider is reimbursed by the carrier, the provider may not balance bill the enrollee for any amount beyond the enrollee's applicable cost sharing.

Under the law, "surprise bill" means a bill for healthcare services, other than emergency services, received by an enrollee for services rendered by an out-of-network provider, when the services were rendered by the out-of-network provider at a network provider, during a service or procedure performed by a network provider or during a service or procedure previously approved or authorized by the carrier and the enrollee did not knowingly elect to obtain such services from the out-of-network provider.

The law also requires health carriers to make available provider directories. It provides discretion to the Superintendent of Insurance to determine if rulemaking is necessary.

Effective date of January 1, 2018.

Labor Committee (13 bills)

- LD 132 – ***An Act To Authorize Podiatrists To Perform Certain Routine Procedures*** (PL 2017, [Ch. 14](#))

This law amends the definition of "practice of podiatric medicine" to include the performance of a history and physical on a podiatrist's preoperative patient and upon the patient's admission into a hospital or ambulatory surgical center.

- LD 593 – ***An Act To Update the Licensure Renewal Provision of the Board of Licensure in Medicine*** (PL 2017, [Ch. 63](#))

This law removes certain explicit notification requirements of the Board of Licensure in Medicine to a physician whose license is about to expire or has expired. It allows the board to reinstate the license of a physician whose license has expired if, within 90 days following the expiration of the license, the physician pays a renewal fee and a late fee.

- LD 801 – ***An Act To Allow a Physical Therapist To Administer Certain Coagulation Tests in a Patient's Home*** (PL 2017, [Ch. 80](#))
This law authorizes a licensed physical therapist to perform finger stick blood testing in a person's home in order to collect a blood sample.
- LD 848 – ***An Act To Support Law Enforcement Officers and First Responders Diagnosed with Post-Traumatic Stress Disorder*** (PL 2017, [Ch. 294](#))
This law establishes a rebuttable presumption under the laws governing workers' compensation that when a law enforcement officer, firefighter, corrections officer or emergency medical services worker is diagnosed by a licensed physician specializing in psychiatry or a licensed psychologist as having post-traumatic stress disorder, the post-traumatic stress disorder is presumed to have arisen out of and in the course of the worker's employment.
- LD 911 – ***An Act To Prohibit Certain Gifts to Healthcare Practitioners*** (PL 2017, [Ch. 267](#))
This law generally prohibits a licensed manufacturer or wholesaler of prescription drugs, or an agent of a licensed manufacturer or wholesaler of prescription drugs, from giving or offering to give gifts to an individual who is licensed, registered or otherwise authorized to prescribe and administer drugs in the course of professional practice. There are three exceptions:
 1. Noncash gifts of minimal value that will directly benefit the prescriber's patients;
 2. Funding to support the participation of healthcare students, residents and fellows in professional and educational meetings; and
 3. Reasonable honoraria and payment for reasonable expenses of a practitioner at a professional or educational conference or meeting.
- LD 985 – ***An Act To Promote Medical Care for Visiting Athletic Teams*** (PL 2017, [Ch. 119](#)).
This bill allows a physician licensed to practice medicine and surgery or osteopathic medicine and surgery in another state who accompanies an athletic team from that state to provide medical services to members and supporting personnel of the team without a license from this State but restricts the person from providing medical services in a healthcare facility in the State.
- LD 1134 – ***An Act To Amend the Laws Governing Nursing Facilities To Permit Nurse Practitioners, Clinical Nurse Specialists and Physician Assistants To Perform Certain Physician Tasks*** (PL 2017, [Ch. 145](#))
As enacted, this law provides that, in accordance with federal regulations:
 1. For nursing home residents receiving skilled nursing facility level services, a physician assistant, nurse practitioner or clinical nurse specialist may provide medically necessary visits, certifications and recertifications and required visits that alternate with those performed by a physician if delegated by a physician; and

2. For nursing home residents receiving nursing facility level services, a physician assistant, nurse practitioner or clinical nurse specialist may perform any physician task.
- LD 1166 – ***An Act Regarding Anesthesia Care in Rural Maine*** (PL 2017, [Ch. 188](#))
This law permits certified registered nurse anesthetists in critical access hospitals and hospitals located in rural areas to conduct a preanesthetic assessment, verify informed consent, make indicated adjustments and corrections, order appropriate lab tests and diagnostic imaging tests and prescribe certain drugs.
 - LD 1200 – ***An Act Relating To the Licensure of Physicians and Surgeons*** (PL 2017, [Ch. 189](#))
This law prohibits the Board of Osteopathic Licensure and the Board of Licensure in Medicine from requiring a physician to obtain osteopathic continuous certification or maintenance of certification from a specialty medical board as a condition of initial licensure or license renewal. It removes the provisions of the bill related to physician reimbursement, physician employment and hospital admitting privileges.
 - LD 1359 – ***An Act To Adopt the Interstate Medical Licensure Compact*** (PL 2017, [Ch. 253](#))
This law enacts the Interstate Medical Licensure Compact. The compact provides a mechanism by which a physician licensed in one member state may apply for and receive an expedited license in another member state.
 - LD 1410 – ***An Act To Adopt the Nurse Licensure Compact*** (PL 2017, [Ch. 258](#))
This law adopts the model act for the multistate nurse licensure compact endorsed by the National Council of State Boards of Nursing and adds a federal fingerprint background check for new licensees as required by the compact. Maine has been a participant in the compact for many years and needed to enact statutory changes to remain in the compact.
 - LD 1592 – ***An Act To Remove Barriers to Professional Licensing for Veterans*** (PL 2017, [Ch. 173](#))
As enacted, this law grants the Director of the Office of Professional and Occupational Regulation within the Department of Professional and Financial Regulation the authority to modify licensing requirements of professional licensing boards administered by the Office of Professional and Occupational Regulation on a case-by-case basis for applicants for licensure who are military veterans.
 - LD 1594 – ***An Act Regarding the Dispensing of Naloxone Hydrochloride by Pharmacists*** (PL 2017, [Ch. 249](#))
This emergency law provides that a pharmacist may prescribe and dispense naloxone hydrochloride in accordance with rules to be adopted by the Board of Pharmacy.

Other Committees (10 bills)

- LD 21 – ***An Act To Amend the Law Regarding the Execution of Temporary Powers of Attorney*** (PL 2017, [Ch. 42](#)) [Judiciary Committee]
Under current law, nonprofit legal services providers whose primary purpose is to provide free legal services are exempt from the requirement that organizations that assist parents or guardians with the process of executing a power of attorney for the temporary care of a minor ensure that a background check is completed for the agent and any adult members of the agent's household. This bill extends that exemption to nonprofit hospitals.
- LD 46 – ***An Act To Provide Consistency among Medical Professionals with Regard to Jury Duty Exemption*** (PL 2017, [Ch. 275](#)) [Judiciary Committee]
This law removes the exemption from jury duty for physicians, dentists, judges, sheriffs, lawyers and veterinarians.
- LD 88 – ***An Act To Delay the Implementation of Certain Portions of the Marijuana Legalization Act*** (PL 2017, Ch. 1) [Marijuana Legalization Committee]
- LD 302 – ***An Act To Make Supplemental Appropriations and Allocations for the Expenditures of State Government and To Change Certain Provisions of the Law Necessary to the Proper Operations of State Government for the Fiscal Year Ending June 30, 2017.*** (SFY 17 Supp. Budget). (PL 2017, [Ch. 2](#))
- LD 390 – ***Biennial Budget*** (See Above)
- LD 1219 – ***An Act To Amend the Laws Governing Forensic Examination Kits*** (PL 2017, [Ch. 156](#)) [Criminal Justice Committee]
This law amends laws governing forensic examination kits to provide for the kits to be used for testing in relation to alleged crimes other than gross sexual assault. Of interest to hospitals, the bill would establish that each kit's tracking number would be the number assigned to the kit by the manufacturer rather than the number assigned by the hospital or healthcare provider.
- LD 1223 – ***An Act To Facilitate the Continued Operation of the Department of Corrections Intensive Mental Health Unit*** (PL 2017, [Ch. 147](#)) [Criminal Justice Committee]
Current law sunsets, as of August 1, 2017, the authority of the Department of Corrections (DOC) to establish an intensive mental health unit, which provides services to the department's prisoners and to prisoners of jails, and that enable the department to obtain court orders for the involuntary medication of prisoners with mental illness. This bill removes the sunset and enables the DOC to continue to provide the service.
- LD 1231 – ***Resolve, To Assess the Need for Mental Health Care Services for Veterans in Maine and To Establish a Pilot Program To Provide Case Management Services to Veterans for Mental Health Care*** (Resolve 2017, [Ch. 24](#)) [Veterans and Legal Affairs Committee]
This law requires hospitals to document the military veteran status of individuals who arrive at the emergency department seeking mental health services. This mandate lasts for 3 years (2018-2020).

It requires hospitals to report aggregate, de-identified data to DHHS every six months.

DHHS may waive this mandate for any hospital that can demonstrate that it is an undue burden.

DHHS may also waive this mandate for any hospital that can demonstrate that at least 95% of the patients identified as a military veteran were insured through the VA.

DHHS is to provide each hospital with a one-time payment of \$4,500.

The bill further requires DHHS to create a pilot program to provide mental health case management services for veterans.

- LD 1427 – ***An Act To Make Community Paramedicine Projects Permanent*** (PL 2017, [Ch. 276](#)) [Criminal Justice Committee]

This law allows the Emergency Medical Services' Board to establish community paramedicine services.

- LD 1546 – ***An Act To Clarify the Language Defining Schedule W Drugs and To Add Drugs to the List of Schedule W Drugs*** (PL 2017, [Ch. 274](#)) [Criminal Justice Committee]

This law clarifies that any compound, mixture or preparation containing narcotic drugs in any quantity is a schedule W drug unless listed or described in another schedule. The bill adds, U-47700, W-18, W-15, AH-7921, despropionyl fentanyl, furanylfentanyl and fluorofentanyl to the list of schedule W drugs.

II. LEGISLATION CARRIED OVER TO NEXT SESSION

Following are 55 bills MHA followed this session that were carried over to the second session (2018) of the 128th Legislature.

The bills fall into two categories:

- Bills that have not been voted out of the policy committee, and
- Bills that have gone through the legislative process and were on the Appropriations Table in need of funding.

The bills in the first category have mostly had their public hearings, but not all of them. The bills in the second category only need to be funded; the policy work in the committees of jurisdiction is done.

Health and Human Services Committee (21 bills)

- **LD 105 – *An Act To Create a Centralized Authority To Combat Opiate Addiction in Maine***
This bill establishes an office within the Department of Health and Human Services to coordinate efforts in the State to combat addiction to opiates.
- **LD 384 – *An Act To Strengthen Maine Children's Mental Health***
This concept draft bill proposes to require MaineCare to cover mental health treatment for a child that uses evidence-based practices, to include meetings with the parent of the child without the child present as long as the meetings are focused on the goals of the treatment.
- **LD 411 – *An Act To Add Addiction to or Dependency on Opiates or Prescription Drugs to the List of Qualifying Conditions for Medical Marijuana***
This bill adds addiction to or dependency on opiates or prescription drugs to the list of qualifying conditions for medical marijuana.
- **LD 470 – *An Act To Strengthen Maine's Hospitals and Increase Access to Health Care***
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 562 – *An Act Concerning the Department of Health and Human Services***
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***
This bill is a concept draft that proposes to address issues related to the opiate addiction crisis in the State.

- **LD 605 – *An Act To Support Evidence-Based Treatment for Opioid Use Disorder***
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 691 – *An Act To Prevent Lead Poisoning in Children***
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 762 – *An Act To Allow a Percentage of Funds from the Medical Use of Marijuana Fund To Fund Health Care Research***
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 healthcare 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***
This resolve establishes a pilot project in Washington County to provide treatment and recovery services for substance use disorders. It provides \$1,600,000 in funding over the 2018-2019 fiscal biennium. The Department of Health and Human Services is required to report on the planning and implementation of the pilot project to the Joint Standing Committee on Health and Human Services no later than November 30, 2018, and the joint standing committee of the Legislature having jurisdiction over health and human services matters may report out legislation to the First Regular Session of the 129th Legislature.
- **LD 898 – *An Act To Address Mandatory Overtime for Hospital Professionals***
This bill prohibits a hospital from requiring employees who 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***

This resolve requires the Department of Health and Human Services to increase the MaineCare reimbursement rates for evidence-based outpatient psychosocial treatments for children to a rate that covers all costs involved with providing the service, including additional training, clears waiting lists and attracts providers to all areas of the State, including underserved rural areas. The resolve also requires the department to cover two additional evidence-based services known as trauma-focused cognitive behavioral therapy and parent management training programs through a request for proposals, using General Fund funds for training and hiring staff. The department and the contracted providers are required to develop a reimbursement rate for providing the service that is sufficient to allow the continued financial health of the service providers providing these therapies.

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

This bill provides for a mental health liaison in each county or regional jail to oversee inmates with serious mental illness and connect them to the services for which they qualify, to work with the court system to ensure that they receive due process and speedy trials, and to assist inmates who qualify for MaineCare to apply for and receive MaineCare benefits and services. This bill directs the Department of Health and Human Services to issue a request for proposals to private providers of behavioral health services and advocacy to replace intensive case manager positions within the department to staff the 15 mental health liaison positions in the county and regional jails.

- **LD 1063 – *An Act To Protect Substance-Exposed Infants***

This bill is a concept draft that 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.

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

This bill provides that, if a patient in a hospital who received treatment for a psychiatric condition and who the hospital has determined is clinically ready for discharge requests admission or readmission from the hospital to a facility operated by a residential service provider and that request is denied, the residential service provider must provide the patient the reasons for the denial in writing no later than three business days after the request is denied.

The bill directs the Department of Health and Human Services to develop a standardized form for use by residential service providers to state the specific reasons for denial. A residential service provider must provide the standardized form to the patient or the patient's parent or guardian or designated representative. A residential service provider must annually send to the department's Division of Licensing and Regulatory Services a report of all patients who are denied admission or readmission and the reasons given the patients on the standardized forms.

The bill allows a patient or a patient's parent or guardian or designated representative to recover \$500 from a residential service provider that violates these provisions. It also provides for the revocation of the license of a residential service provider that violates these provisions three times or more in a calendar year.

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

This bill provides for reimbursement under the MaineCare program for medical nutritional therapy provided by physicians, licensed dietitians and dietitian nutritionists and reimbursement for obesity treatment medication.

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

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.

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

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.

- **LD 1273 – *Resolve, To Redispense Donated Prescription Drugs***

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.

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

This bill requires the Department of Health and Human Services annually to develop and submit to the Appropriations Committee proposed plans for expenditures of federal block grant funds including a description of current expenditures of federal block grant funds and how the department proposes to change any expenditure. Under the bill, the department may not make an expenditure from any federal block grant unless the expenditure is recommended by the joint standing committee and approved by the Legislature. When the Legislature is not in session, the department may make an expenditure if the Commissioner of Health and Human Services determines that the expenditure is necessary to avert an emergency and provides 60 days' notice to the joint standing committee.

- **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***

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.

HHS Bills on the Appropriations Table (10 bills)

- **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***

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 \$500K per year.

[Cost is approximately \$636K per year in General Funds.]

- **LD 320 – *An Act To Provide MaineCare Coverage for Chiropractic Treatment***
This bill requires all chiropractic services that are approved by the Board of Chiropractic Licensure and performed by a chiropractic doctor to be reimbursed under the MaineCare program. DHHS may adopt routine technical rules to implement this requirement.

[Cost is approximately \$90K per year in General Funds.]

- **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***
This bill provides to the Department of Health and Human Services with \$36M in SFY 18 and \$48M in SFY 19 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.

[Cost is approximately \$8M in General Funds and \$1.6M in other special revenues.]

- **LD 401 – *An Act To Require Reimbursement to Hospitals for Patients Awaiting Placement in Nursing Facilities* [MHA Bill]**

This bill directs the DHHS 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 to be paid prospectively at 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 five 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.

[Cost is approximately \$35K per year in General Funds.]

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

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 \$3.6M per year in General Funds.]

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

This bill directs the Department of Health and Human Services to provide for reimbursement for all speech and language pathology services provided by an independent speech-language practitioner at the rate that is paid to a speech and hearing agency for the same services. It also directs the department to amend its rules to increase by 10% the rates of reimbursement for all speech and language pathology services.

[Cost is approximately \$182K per year in General Funds.]

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

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 998 – *An Act To Adequately Pay for Emergency Medical Services***

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.

[Cost is approximately \$700K per year in General Funds.]

- **LD 1314 – *Resolve, To Improve Access to Neurobehavioral Services***

This resolve requires DHHS 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 \$3M per year in General Funds and \$525K in other special revenues.]

- **LD 1517 – *An Act To Ensure Access to Behavioral Health Services***

This bill establishes the Behavioral Health Oversight Council to review reimbursement rate-setting for certain behavioral health services provided under MaineCare and advise the Commissioner of Health and Human Services, the Commissioner of Corrections and the Commissioner of Public Safety regarding the behavioral health system in the State. It sets out requirements for reimbursement rate-setting to be used by the Department of Health and Human Services to determine rates for certain behavioral health services provided under MaineCare. It directs the Department of Health and Human Services to amend its rules in Chapter 101: MaineCare Benefits Manual, Chapter III, Sections 13, 17, 23, 28, 65 and 97 to increase reimbursement rates by fiscal year 2018-19 to reflect a 20% increase from rates in fiscal year 2008-09.

[Cost is \$6M per year in general fund and growing by 5% thereafter.]

Insurance & Financial Services Committee (9 bills)

- **LD 386 – *An Act To Establish Universal Health Care for Maine***
This concept draft bill proposes to establish a single-payor, universal healthcare 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 453 – *Resolve, Regarding Insurance Coverage for Alternative Therapies for Addiction and Recovery***
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, 2018.
- **LD 696 – *An Act Regarding Insurance and Financial Services***
This bill is a concept draft that proposes to improve the laws regarding insurance and financial services.
- **LD 1030 – *An Act To Require Nondiscrimination Policies in Providing Health Care Services***
This bill prohibits health insurance carriers, automobile insurers and workers' compensation insurers from discriminating against healthcare providers who are licensed, registered or certified by the State in providing covered services as long as the providers are acting within the scope of their licenses, registrations or certifications. The bill also prohibits certain practices that may limit implementation of nondiscrimination policies.
- **LD 1032 – *An Act To Ensure Protection and Health Insurance of Patients***
This bill is a concept draft that proposes to enact measures designed to ensure the protection and health insurance of patients.
- **LD 1279 – *An Act To Ensure Patient Protections in the Health Insurance Laws***
This bill allows children 26 years of age and younger to remain on their parents' health insurance policy. It clarifies that carriers offering individual or group health plans may not establish lifetime or annual limits on the dollar value of benefits. It clarifies that individual, group and blanket health plans may not impose a preexisting condition exclusion on any enrollee.
- **LD 1417 – *An Act To Require Insurance Coverage for the Diagnosis and Treatment of Lyme Disease***
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***

This bill establishes a statewide resource and referral center for individuals with substance use disorders and friends and family members of individuals with substance use disorders, law enforcement and providers of substance abuse treatment. It requires the Department of Health and Human Services to contract with evidence-based substance abuse treatment providers across the State to provide integrated medication-assisted treatment to individuals with substance use disorders. Hubs provide comprehensive services for acute needs, and spokes are primary care facilities that offer behavioral health services or are connected to providers of those services. The Department of Health and Human Services is directed to fund treatment for individuals without insurance and develop a rate of reimbursement that takes into account the multiple parts of treatment an individual with a substance use disorder requires in addition to medication. The Department of Labor is directed to develop a career center program to assist individuals in treatment for substance use disorders or in recovery with career planning and taking advantage of employment opportunities. The Department of Health and Human Services is directed to develop assessment measures to evaluate performance and present a report on progress, implementation and assessment to the joint standing committee of the Legislature having jurisdiction over health and human services matters by January 1, 2020.

IFS Bills on the Appropriations Table (1 bill)

- [LD 1407](#) – ***An Act Regarding Prescription Drug Step Therapy***
This bill requires health insurers to establish a process for prescription drug step therapy override exception determinations.

[Cost is indeterminate.]

Labor Committee (3 bills)

- [LD 1327](#) – ***An Act To Allow Former Military Medical Personnel To Perform Certain Medical Services***

This bill allows a former United States Army medic, United States Air Force medical technician, United States Navy corpsman or United States Coast Guard health services technician to perform certain medical services under the supervision of a person holding a license to practice medicine, osteopathic medicine or podiatry or at a healthcare facility under a medical practice agreement approved by the respective licensing board.

- [LD 1566](#) – ***An Act To Enact the Maine Fair Chance Employment Act***

This bill restricts the use of criminal history information in the context of employment decisions by private employers and the State and municipalities and decisions by licensing agencies.

It prohibits an employer from asking a job applicant to disclose his/her criminal history, or considering such information, until after the applicant has received a conditional offer of employment. It restricts the use of 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.

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

This bill creates a paid family medical leave program, patterned after the unpaid family medical leave program existing in current law but requiring a contribution from an eligible employee, or a self-employed person on a voluntary basis, of no more than 0.5% of the employee's or self-employed person's wages or earnings. The program requires employers to deduct the contributions from employee paychecks and for the employers and self-employed persons to submit contributions to the Department of Labor, Bureau of Unemployment Compensation, which is charged with administering the program. The program pays benefits of up to 66% of an employee's wages or self-employed person's earnings capped at the same maximum amount as unemployment benefits for leave taken by the employee or self-employed person for various family-related medical issues. This bill makes participation optional for employers that employ fewer than 15 employees. This bill also directs the Department of Labor to develop an implementation plan dealing with staffing, technology, start-up expense, rulemaking and scheduling.

Labor Bills on the Appropriations Table (1 bill)

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

This bill is a concept draft that proposes to make a one-time General Fund appropriation of \$16M 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.]

Marijuana Legalization (5 bills)

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

This concept draft bill proposes to amend the Maine Medical Use of Marijuana Act.

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

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

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 667 – *An Act To Repeal the Legalization of Recreational Marijuana***

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

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.

Other Committees (1 bill)

- **LD 1406 - *An Act To Promote Prescription Drug Price Transparency* [Judiciary Committee]**

This bill amends the law governing profiteering in prescription drugs. The bill requires more disclosure of drug production, research and development costs, marketing and advertising costs and actual costs paid upon purchase. The bill allows investigations by the Attorney General of violations of these provisions. The bill adds a required written report from the Attorney General each year.

Other Committee Bills on the Appropriations Table (4 bills)

- **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** [Veteran’s and Legal Affairs]

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 two 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 1212 – An Act To Amend the Definition of "Eligible Business Equipment" for the Purposes of the Business Equipment Tax Exemption Program** [Taxation Committee]

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.

[Cost is \$250K per year in lost General Funds.]

- **LD 1287 – An Act To Strengthen Efforts To Recruit and Retain Primary Care Professionals and Dentists in Rural and Underserved Areas of the State** [Taxation Committee]

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.

[Cost is approximately \$47K per year in reduced General Funds.]

- [LD 1388](#) – ***An Act To Prohibit the Falsification of Medical Records*** [Criminal Justice and Public Safety Committee]

This bill provides that the falsification of healthcare records maintained by a healthcare 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 bodily injury or the impairment of a person's mental or behavioral condition.

[Minor Cost.]

III: LEGISLATION REJECTED (81 BILLS)

Health & Human Services

[LD 19](#) – *An Act To Assist Residents of Nursing Homes to Return to Their Communities*

[LD 87](#) – *An Act To Require Screening for Cytomegalovirus in Newborn Infants*

[LD 107](#) – *An Act To Increase the Effectiveness of Opioid Addiction Therapy*

[LD 153](#) – *An Act Regarding Transportation of Methadone Patients*

[LD 162](#) – *An Act To Improve Care Provided to Forensic Patients*

[LD 226](#) – *An Act To Protect and Improve the Health of Maine Citizens and the Economy of Maine*

[LD 232](#) – *An Act To Establish an Exemption to the 30-day Supply Limitation on Certain Pain Medication*

[LD 265](#) – *An Act Concerning Screening of Newborns for Lysosomal Storage Disorders*

[LD 307](#) – *An Act To Facilitate the Implementation of Mobile Narcotic Treatment Programs in Rural Counties in the State*

[LD 337](#) – *An Act To Protect Jobs and the Maine Economy by Eliminating the 3% Income Tax Surcharge Imposed on Certain Mainers and the Fund to Advance Public Kindergarten to Grade 12 Education*

[LD 347](#) – *An Act To Support Death with Dignity*

[LD 447](#) – *An Act To Coordinate Services and Support Workforce Development for Substance Use Disorder Prevention and Peer Recovery Services*

[LD 482](#) – *An Act To Repeal the Maine Certificate of Need Act of 2002*

[LD 530](#) – *An Act To Ensure Medical Assessments for Youth in Foster Care*

[LD 531](#) – *An Act Regarding the Drug Crisis and Ensuring Access to HIV Testing*

[LD 550](#) – *An Act Requiring Communication of Mammographic Breast Density Information to Patients*

[LD 551](#) – *An Act To Expand the Authority of Naturopathic Doctors to Prescribe Certain Medications*

[LD 560](#) – *An Act To Amend the Laws Governing the Department of Health and Human Services*

[LD 567](#) – *An Act To Ensure Timely Expenditure of Federal Funds in the Department of Health and Human Services*

[LD 606](#) – *An Act To Ensure Access to All Prescription Drugs Containing Cannabidiol Approved by the Federal Food and Drug Administration*

[LD 607](#) – *An Act To Enhance Maine's Coordinated Response to Mental Health Crises*

[LD 629](#) – *An Act To Improve Rehabilitation Services for Persons with Mental Illness in Maine*

[LD 634](#) – *An Act Regarding the Drug Epidemic in Maine*

[LD 652](#) – *An Act To Provide Drug Price Relief*

[LD 655](#) – *An Act To Lower the Price MaineCare Pays for Prescription Drugs*

[LD 688](#) – *An Act To Provide MaineCare Coverage for Music Therapy*

[LD 766](#) – *Resolve, To Require the Department of Health and Human Services to Recalculate the MaineCare Reimbursement Rates for Services for Persons with Disabilities*

[LD 804](#) – *An Act To Establish Long-Term Memory Care Facilities and to Provide Adequate Staffing and Reimbursement*

[LD 910](#) – *An Act To Encourage Living Kidney Donation in Maine*

[LD 1039](#) – *An Act To Enhance Access to Affordable Health Care*

[LD 1054](#) – *Resolve, To Expand Research to Fight Lyme Disease*

[LD 1066](#) – *An Act To Promote Life with Dignity*

[LD 1300](#) – *An Act To Require a Prescription for a Medication That Contains Certain Substances That May be Used to Make Methamphetamine*

[LD 1303](#) – *An Act To Establish the Vaccine Consumer Protection Program within the Department of Health and Human Services*

[LD 1325](#) – *An Act Regarding Opioids and Palliative Care*

[LD 1326](#) – *An Act To Reduce Morbidity and Mortality Related to Opioid Misuse*

[LD 1424](#) – *An Act To Amend the Laws Governing MaineCare Eligibility Determination for Applicants to Nursing Homes*

[LD 1436](#) – *Resolve, To Reduce MaineCare Spending Through Targeted Nutrition Interventions*

[LD 1496](#) – *An Act To Clarify the Scope of the Maternal and Infant Death Review Panel*

[LD 1517](#) – *An Act To Ensure Access to Behavioral Health Services*

[LD 1545](#) – *An Act Regarding Disclosure of Health Care Information of a Deceased Person*

[LD 1556](#) – *An Act To Protect Children from Prenatal Drug and Alcohol Exposure*

Insurance & Financial Services

[LD 284](#) – *An Act Concerning Notification After a Security Breach*

[LD 502](#) – *An Act Regarding Hospital Charges and Statements*

[LD 666](#) – *An Act To Improve Access to Cost-Effective Health Care Services*

[LD 718](#) – *An Act To Reconstitute the Maine Health Exchange Advisory Committee*

[LD 769](#) – *An Act To Eliminate Insurance Rating Based on Age, Geographic Location or Smoking History and To Reduce Rate Variability Due to Group Size*

[LD 817](#) – *An Act To Promote Early Detection of Breast Cancer*

[LD 949](#) – *An Act Regarding Telehealth*

[LD 1274](#) – *An Act To Promote Universal Health Care, Including Dental, Vision and Hearing Care*

[LD 1563](#) – *Resolve, To Establish the Maine Health Advisory Committee*

Labor

[LD 13](#) – *An Act To Require Certain Licensing Boards to Report Cases of Sexual Abuse of a Patient or Client by a Licensee to a Law Enforcement Agency or the Department of Health and Human Services*

[LD 130](#) – *An Act To Provide Funding for Costs Associated with Requiring the Licensing of Midwives*

[LD 114](#) – *An Act To Increase the Number of Suboxone Prescribers*

[LD 456](#) – *An Act To Increase Access to Vaccinations*

[LD 487](#) – *An Act To Promote Keeping Workers in Maine*

[LD 538](#) – *An Act To Allow Advanced Practice Registered Nurses Who Have Attained Certain Degrees to Use the Title of Doctor*

[LD 572](#) – *An Act To Amend the Laws Governing the Practice of Pharmacy*

[LD 615](#) – *Resolve, To Establish a Work Group to Update the Maine Pharmacy Act*

**(Work going to be done without legislation)*

[LD 1159](#) – *An Act To Support Healthy Workplaces and Healthy Families by Providing Paid Sick Leave to Certain Employees*

Taxation

[LD 291](#) – *An Act To Maintain the Income Tax Rate on Persons with Taxable Income Above \$200,000*

[LD 311](#) – *An Act To Eliminate Corporate Welfare and Provide Tax Relief*

[LD 571](#) – *An Act To Eliminate the 3 Percent Surcharge on Certain Income and Provide an Alternative Funding Source for the Fund to Advance Public Kindergarten to Grade 12 Education*

[LD 621](#) – *An Act To Retain Professionals and Attract Professionals to Maine by Amending Maine's Income Tax Code*

[LD 708](#) – *An Act To Use Taxes on Nonmedical Marijuana and Increase the Tax on Cigarettes To Partially Offset the 3% Income Tax Surcharge*

[LD 945](#) – *An Act To Reduce the Burden of Tobacco-Related Illness by Increasing Revenue from the Cigarette Tax for Use for Tobacco Cessation*

[LD 1121](#) – *An Act Regarding the Exclusive Use of Tax Exempt Property*

[LD 1521](#) – *An Act To Amend the Property Tax Laws*

[LD 1600](#) – *An Act To Establish an Opioid Addiction Prevention and Rehabilitation Treatment Program Funded by a Tax Imposed upon the Sale of Opioids*

Criminal Justice

[LD 142](#) – *An Act To Establish a Statewide Sexual Assault Forensic Examination Kit Tracking System*

[LD 443](#) – *An Act To Allow Municipally Funded Hospitals To Prohibit the Presence of Firearms on Their Property [MHA bill]*

[LD 599](#) – *An Act To Prevent Violence Against Emergency Responders*

[LD 651](#) – *An Act To Expand Substance Abuse Prevention Projects*

[LD 676](#) – *Resolve, To Study the Development of a Behavioral Health Unit at the Cumberland County Jail*

[LD 859](#) – *An Act To Ensure Thorough Investigation into Allegations of Sexual Assault*

[LD 1050](#) – *An Act To Protect the Safety of Emergency Medical Services Personnel and Patients*

Judiciary

[LD 125](#) – *An Act To Allow an Order Not to Resuscitate to be Presented in the Form of an Indelible Mark*

[LD 534](#) – *An Act To Amend the Laws Governing the Circumstances of Death That Must Be Reported to the Office of Chief Medical Examiner*

[LD 610](#) – *An Act To Prohibit Prescriptive Property Rights Claims of Property Owned by Nonprofit Organizations*

[LD 1605](#) – *An Act To Increase Consumer Prescription Drug Protections*

Other

[LD 212](#) – RESOLUTION, *Proposing an Amendment to the Constitution of Maine to Require That Signatures on a Direct Initiative of Legislation Come from Each State Senatorial District*

[LD 249](#) – *An Act To Fund and Enhance the Maine Diversion Alert Program*

Thank You.

As always, thank you for your assistance with MHA's advocacy efforts on behalf of Maine hospitals. Your voices make a difference!