

<u>Bill</u>	<u>Title</u>	<u>Committee</u>	<u>Status</u>	<u>Note</u>
LD 227	<i>An Act Regarding Health Care In The State</i>	HEALTH COVERAGE, INSURANCE AND FINANCIAL SERVICES	Signed by the Governor Public Law Chapter 648 (4/22)	The law provides protections to persons who seek, health care practitioners who provide and those who assist health care practitioners in providing gender-affirming health care services and reproductive health care services in accordance with the applicable standard of care. The 14-page law and 2-page summary is too long to summarize here.
LD 299	<i>An Act To Correct Language Related To Medicaid Coverage For Children</i>	HEALTH AND HUMAN SERVICES	Signed by the Governor Public Law Chapter 597 (4/9)	As enacted, this law updates language in the laws regarding Maine's federally approved state plan for Medicaid and the Children's Health Insurance Program by making the following modifications to statutory language. 1. It removes the Children's Health Insurance Program references to higher family income and lower family income limits for infants and children under 19 years of age to provide the department with future flexibility to maximize funding sources through the Children's Health Insurance Program. 2. It standardizes language for Medicaid coverage for persons 19 and 20 years of age to be consistent with current policy. 3. It changes the name of the Cub Care program to the Children's Health Insurance Program.
LD 372	<i>An Act To Increase Enforcement And Accountability For Wage Violations</i>	LABOR AND HOUSING	Signed by the Governor Public Law Chapter 651 (4/22)	The law allows the Director of the Bureau of Labor Standards within the Department of Labor to order an employer, officer, agent or other person to pay unpaid wages determined to be due as well as an additional amount equal to twice the amount of unpaid wages as liquidated damages and a reasonable rate of interest. It requires the Attorney General to institute a civil action to recover any unpaid wages, liquidated damages and interest, along with the fine as in current law. It clarifies that an employee may not receive payment more than once for the same unpaid wages and liquidated damages owed to the employee. It also provides that the Department of Labor is authorized to receive the unpaid wages, liquidated damages and interest on behalf of an employee, which the director must pay to the employee.
LD 435	<i>Resolve, To Require The Department Of Health And Human Services To Report On Children's Residential Treatment Services And Implementation Of The Department's Strategic Priorities For Children's Behavioral Health Services</i>	HEALTH AND HUMAN SERVICES	Signed by the Governor (Emergency Measure) Resolve Chapter 158 (3/28)	As enacted, this Resolve requires the Department of Health and Human Services to review relevant data and conduct an analysis on the capacity, occupancy and availability of and access to children's residential treatment services in the State and the residential treatment services located outside of the State that are being provided to children who normally reside in this State. By January 2, 2025, the department must submit to the legislature a report summarizing the data and results of the analysis of children's residential treatment services, an update on the department's progress in implementing its strategic priorities developed in 2019 to implement the children's behavioral health services plan for Maine developed by the department's Office of Child and Family Services and a summary of the department's current priorities to ensure the availability, quality and consistency of and access to behavioral health care services for children.

Bill	Title	Committee	Status	Note
LD 796	An Act Concerning Prior Authorizations For Health Care Provider Services	HEALTH COVERAGE, INSURANCE AND FINANCIAL SERVICES	Governor: Became Law without Governor's Signature Public Law Chapter 680 (5/1)	<p>This law does the following:</p> <p>In Part A, the amendment permits a provider that is actively treating an enrollee to act as an authorized representative of an enrollee for purposes of grievances and appeals of health insurance carrier decisions without requiring prior written authorization from the enrollee. The amendment does require that a provider actively treating an enrollee must notify an enrollee at least 14 days prior to filing a grievance or appeal and within 7 days after filing a grievance or appeal or withdrawing a grievance or appeal and also permits an enrollee to affirmatively object to the provider's action.</p> <p>It requires carriers to allow prior authorization approvals to be effective for a 2 week period before and after the date scheduled for service. It also prohibits carriers from denying claims for nonemergency services that were within the scope of the enrollee's coverage pending medical necessity review and prohibits carriers from imposing a penalty of more than 15% of the contractually allowed amount for the services that required prior authorization approval on the provider for failing to obtain a prior authorization.</p> <p>It prohibits carriers from making determinations of medical necessity based on whether those services are provided by participating or nonparticipating providers. It also provides that, if a patient needs immediate post-evaluation or post-stabilization services, a carrier is prohibited from requiring prior authorization for those services provided during the same encounter. If post-evaluation or post-stabilization services necessitate inpatient care, a carrier is permitted to impose prior authorization for those services but carriers are required to respond to the prior authorization request within 24 hours. If the provider does not receive a determination from the carrier within 24 hours, the care is deemed approved until the carrier affirmatively notifies the provider otherwise.</p> <p>The requirements of Part A apply to all policies, contracts or certificates executed, delivered, issued for delivery, continued or renewed on or after January 1, 2025.</p> <p>Part B requires carriers to report certain information related to prior authorization determinations and also requires the Department of Professional and Financial Regulation, Bureau of Insurance to annually report aggregate data for carriers, including posting information on the bureau's publicly accessible website.</p> <p>Part B also requires the Superintendent of Insurance to collect data related to prior authorization determinations for calendar years 2021, 2022 and 2023 from health insurance carriers. It requires the superintendent to report this information to the joint standing committee of the Legislature having jurisdiction over health coverage, insurance and financial services matters no later than January 15, 2025 and authorizes the committee to report out legislation based on the report to the 132nd Legislature in 2025.</p>
LD 870	<i>An Act To Strengthen Freedom Of Speech Protections By Enacting The Uniform Public Expression Protection Act</i>	JUDICIARY	Became Law without Governor's Signature Public Law Chapter 626 (4/13)	<p>This law expands Maine's protections against strategic lawsuits against public participation to include protection for any statement in connection with an issue of public interest made in a public forum or other place open to the public and any statement made in a media publication. It is very broadly worded and may also protect defamatory comments in some contexts.</p>

<u>Bill</u>	<u>Title</u>	<u>Committee</u>	<u>Status</u>	<u>Note</u>
LD 1407	<i>An Act To Amend The Maine Insurance Code Regarding Payments By Health Insurance Carriers To Providers</i>	HEALTH COVERAGE, INSURANCE AND FINANCIAL SERVICES	Became Law without Governor's Signature Public Law Chapter 574 (3/26)	<p>As enacted, this law makes the following changes to the Maine Insurance Code.</p> <ol style="list-style-type: none"> <li>1. It provides that a health insurance carrier may file notice of a proposed amendment to a provider agreement only 4 times per year on January 1st, April 1st, July 1st and October 1st, except for changes in response to a requirement of the State or Federal Government or due to a change in current procedural terminology codes used by the AMA.</li> <li>2. It requires an insurance carrier in certain cases to include an estimate of any adverse financial impact on a participating provider as part of a notice of an amendment to a provider agreement if the change is to a reimbursement policy.</li> <li>3. It requires a insurance carrier to provide to the participating provider both a clean and a marked-up copy of the provider agreement, manual, policy or procedure document being changed.</li> <li>4. It restricts the authority of a health insurance carrier in certain cases to retroactively deny a previously paid claim to no later than 36 months from the date of the claims payment.</li> </ol> <p>(Note: MHA Bill)</p>
LD 1498	<i>An Act To Create A Liaison Program And Complaint Process Within The Bureau Of Insurance For Independent Health Care Providers</i>	HEALTH COVERAGE, INSURANCE AND FINANCIAL SERVICES	Signed by the Governor Public Law Chapter 590 (4/2)	<p>As enacted, this law requires the Department of Professional and Financial Regulation, Bureau of Insurance to establish a liaison program to assist independent health care providers and to establish a process to receive and investigate provider complaints. The law limits the scope of certain services to be provided by the bureau to an independent health care practitioner or group of independent health care practitioners with 6 or fewer health care practitioners and does not include a health care practitioner or group of health care practitioners that is owned or operated, in whole or in part, by a hospital or health system.</p> <p>Under the liaison program, the law requires the bureau to assist independent health care providers in obtaining information about health insurance laws and rules and to receive concerns regarding regulatory or compliance issues that may have a market-wide impact.</p> <p>The law also requires the bureau to establish a process to receive and investigate complaints from independent health care providers regarding an alleged violation of any insurance law or rule and also authorizes the bureau to receive and investigate complaints from other providers. The law makes clear that the bureau is not authorized to act as a legal representative of a provider or to provide assistance with contract negotiations or interpretations of the terms of contracts between providers and carriers in any manner through the liaison program or complaint process.</p>
LD 1533	<i>An Act To Provide For Consistent Billing Practices By Health Care Providers</i>	HEALTH COVERAGE, INSURANCE AND FINANCIAL SERVICES	Signed by the Governor Public Law Chapter 521 (3/6)	<p>As enacted, the law requires that claims for facility services that are submitted for payment or reimbursement to nonprofit hospital or medical service organizations, nonprofit health care plans, administrators, insurers or health maintenance organizations must identify the physical location where services are rendered.</p>

<u>Bill</u>	<u>Title</u>	<u>Committee</u>	<u>Status</u>	<u>Note</u>
LD 1537	<i>An Act To Amend The Laws Relating To The Prevention Of Perfluoroalkyl And Polyfluoroalkyl Substances Pollution</i>	ENVIRONMENT AND NATURAL RESOURCES	Signed by the Governor Public Law Chapter 630 (4/16)	This 12-page law makes a number of substantial changes to Maine's PFAS Law. It essentially eases the regulatory burden on industry in a number of ways to numerous to summarize here.
LD 1740	<i>An Act To Protect A Patient's Access To Affordable Health Care With Timely Access To Health Care Prices</i>	HEALTH COVERAGE, INSURANCE AND FINANCIAL SERVICES	Became Law without Governor's Signature Public Law Chapter 584 (4/2)	<p>Upon request of an uninsured or self-pay patient, it requires health care entities to provide a good faith estimate of the cost of medical services to be rendered directly by that health care entity during a single medical encounter within sepecified time frames.</p> <p>It requires the health care entity to separately disclose the prices for each component of medical services, including any facility fees or fees for professional services, and the procedure codes for those services. It requires health care entities to post notice on prominent display of a patient's right to request this information and include the notice in a patient's written consent to treatment form that must be signed prior to receiving health care treatment or services.</p> <p>For insured patients, it requires health care entities to provide a description of the medical services to be rendered during a single medical encounter and the applicable standard medical codes or current procedural terminology codes used by the American Medical Association for those services and to notify the patient that the information can be used to obtain an estimate of the patient's out-of-pocket costs from the patient's health insurance carrier. It requires health insurance carriers to respond to requests from a patient for an estimate of out-of-pocket costs based on the description of the medical services and the codes provided by the patient's health care entity.</p> <p>It prohibits a health care entity from initiating or pursuing any collection action against an uninsured or self-pay patient for items or services provided on a date the health care entity has provided those items or services to a patient unless the health care entity provided a good faith estimate to a patient that requested an estimate. The prohibition on collection action does not extend to insured patients.</p> <p>Part B incorporates some of the components of L.D. 953, "An Act to Protect Maine Patients Regarding Hospital Price Transparency." Part B does the following.</p> <ol style="list-style-type: none"> <li>1. It requires that hospitals comply with the price transparency requirements established in 45 Code of Federal Regulations, Part 180, Subparts A and B as in effect on January 1, 2024.</li> <li>2. It requires a hospital to provide price transparency data in a standardized format as established by rule by the Maine Health Data Organization.</li> <li>3. It provides that a hospital that fails to comply with the price transparency requirements established by the Maine Health Data Organization may be subject to a fine for noncompliance.</li> </ol>
LD 1815	<i>An Act To Increase Penalties For Violations Of The Law Governing Monopolies And Profiteering</i>	INNOVATION, DEVELOPMENT, ECONOMIC ADVANCEMENT AND BUSINESS	Governor: Signed by the Governor Public Law Chapter 538 (3/14)	As enacted, this law increases the cap on monetary penalties from \$100,000 to \$250,000 for violations of provisions of law relating to antimonopoly provisions. It also clarifies that the State may recover equitable monetary relief in proceedings related to antitrust violations. [Note: None of the provisions about creating a new anti-trust standard for Maine were included in the final law.]

<u>Bill</u>	<u>Title</u>	<u>Committee</u>	<u>Status</u>	<u>Note</u>
LD 1832	<i>An Act To Continue The Study Of Community Paramedicine And To Make Changes Related To Health Insurance Coverage And Prior Authorization Requirements For Certain Ambulance Service Providers</i>	HEALTH COVERAGE, INSURANCE AND FINANCIAL SERVICES	Signed by the Governor Public Law Chapter 591 (4/2)	As enacted, this law re-enacts a provision enacted by the 130th Legislature and repealed October 1, 2021 that clarifies the reimbursement rate to be paid to out-of-network ambulance service providers for covered emergency services. The law prohibits a health insurance carrier from requiring an air ambulance service provider to obtain prior authorization before transporting an enrollee to a hospital or between hospitals for urgent care. The law also authorizes the Insurance Committee to report out legislation in 2025 related to reimbursement by health insurance carriers for health care services provided by community paramedicine personnel.
LD 1896	<i>Resolve, Directing The Workers' Compensation Board To Analyze Data On The Adequacy Of Certain Maine Workers' Compensation Benefits</i>	LABOR AND HOUSING	Signed by the Governor Resolve Chapter 139 (3/12)	As enacted, this law replaces the bill with a resolve directing the Workers' Compensation Board to collect data from insurers, 3rd-party administrators, group self-insurers and self-insured employers and to analyze that data to make recommendations to the Labor Committee on the adequacy of workers' compensation benefits to claimants under the Maine Revised Statutes, Title 39-A, sections 212, 213 and 215. It also requires the board to provide monthly updates to the Labor Committee and submit a final report no later than August 16, 2025.
LD 2009	<i>Resolve, To Establish A Stakeholder Group To Address The Problem Of Long Stays For Children And Adolescents In Hospital Emergency Departments</i>	HEALTH AND HUMAN SERVICES	Signed by the Governor (Emergency Measure) Resolve Chapter 134 (3/6)	As enacted, this Resolve requires DHHS to convene a stakeholder group to address the problem of children and adolescents experiencing long stays in hospital emergency departments after the children and adolescents are medically stable and no longer require medical treatment but appropriate community or residential placements are not available. The Commissioner of Health and Human Services must appoint the members of the stakeholder group, which must include representatives from offices within the department and organizations dealing with child welfare, behavioral health and medicine in addition to affected parents and other interested parties. The department must submit a report to the HHS Committee no later than November 6, 2024.
LD 2021	<i>An Act To Clarify The Laws Regarding Pharmaceutical Product Stewardship</i>	ENVIRONMENT AND NATURAL RESOURCES	Signed by the Governor Public Law Chapter 504 (2/20)	As enacted, this law clarifies that the entity that manufactures a drug is the regulated entity under the drug take-back stewardship program and that retailers are not regulated as manufacturers of generic drugs.
LD 2043	<i>An Act To Add The State Of Maine To The Compact For Licensing Physician Assistants</i>	HEALTH COVERAGE, INSURANCE AND FINANCIAL SERVICES	Signed by the Governor Public Law Chapter 670 (4/9)	This law enacts the Physician Assistants Licensure Compact, which provides a mechanism to facilitate interstate practice by licensed physician assistants in order to improve public access to the services of physician assistants. The form, format and text of the Physician Assistants Licensure Compact have been changed minimally so as to conform to Maine statutory conventions. The changes are technical in nature and it is the intent of the Legislature that this compact be interpreted as substantively the same as the Physician Assistants Licensure Compact that is enacted by other participating states.

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LD 2046	<i>An Act Regarding The Placement Of Certain Defendants Found Incompetent To Stand Trial</i>	CRIMINAL JUSTICE AND PUBLIC SAFETY	Signed by the Governor Public Law Chapter 600 (4/9)	As enacted, this law extends until July 1, 2027, the authorization for the Commissioner of Corrections to accept the placement of an adult defendant in a mental health unit of a correctional facility when the adult defendant has been found incompetent to stand trial and has been committed to the custody of the Commissioner of Health and Human Services. A stakeholder group must be formed to review the issue and submit a report before 2027.
LD 2050	<i>An Act To Expand Accreditation Options For Laboratories That Conduct Blood-alcohol Or Drug Testing</i>	HEALTH AND HUMAN SERVICES	Signed by the Governor Public Law Chapter 498 (2/15)	Under current law, a laboratory certified under the federal Clinical Laboratory Improvement Amendments of 1988 may test blood samples to determine blood-alcohol level or the presence of a drug or drug metabolite. This law adds an additional accreditation option for laboratories.
LD 2055	<i>An Act To Delay Implementation Of Electronic Visit Verification For Hospice Providers Within The Mainecare Program</i>	HEALTH AND HUMAN SERVICES	Became Law without Governor's Signature Public Law Chapter 576 (3/27)	As enacted, this law replaces the bill and changes the title. It makes rules regarding electronic visit verification for providers offering hospice services under the MaineCare program major substantive rules, prohibits DHHS from implementing electronic visit verification earlier than March 1, 2025 and directs the department by February 1, 2025 to report to the HHS Committee on efforts to combat fraud, waste and abuse in the delivery of hospice services, to include in the report information on federal initiatives that include Medicaid hospice providers and to make recommendations regarding the application of electronic visit verification to hospice services under the MaineCare program.
LD 2057	<i>An Act To Require The State Board Of Examiners Of Psychologists And The Board Of Examiners In Physical Therapy To Obtain Fingerprint-based Federal Bureau Of Investigation Criminal Background Checks For Applicants For Licensure</i>	HEALTH COVERAGE, INSURANCE AND FINANCIAL SERVICES	Signed by the Governor Public Law Chapter 506 (2/29)	As enacted, this law requires the State Board of Examiners of Psychologists and the Board of Examiners in Physical Therapy to obtain national and state fingerprint-based criminal history record information for certain applicants for initial licensure and licensure by endorsement by each board.
LD 2071	<i>Resolve, To Fill All Vacant And Expired Seats On The Emergency Medical Services' Board</i>	CRIMINAL JUSTICE AND PUBLIC SAFETY	Became Law without Governor's Signature (Emergency Measure) Resolve Chapter 154 (3/26)	This resolve requires the Governor to appoint members to the Emergency Medical Services' Board to fill all vacancies and replace those members whose terms have expired within 30 days of the effective date of the resolve.
LD 2082	<i>Resolve, To Review The Timeliness Of Contract Payments By The Department Of Health And Human Services</i>	HEALTH AND HUMAN SERVICES	Became Law without Governor's Signature Resolve Chapter 182 (4/24)	The resolve requires DHHS to review the timeliness of payments made to grantees of contracts awarded by the office within the department responsible for the provision of behavioral health services and housing assistance programs in fiscal year 2023-24 and in fiscal year 2024-25 through December 2024. It requires the department to identify the reasons for any delays of payments and to compile its data into a report. It requires the department to review its process for the payment of late fees in accordance with statute and to provide written guidance to grantees of contracts regarding the process to request payment of late fees.

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LD 2083	<i>Resolve, Directing The Department Of Health And Human Services To Establish A Stakeholder Group To Study Timely Access To Psychiatric Medication Management Services Across The State</i>	HEALTH AND HUMAN SERVICES	Became Law without Governor's Signature Resolve Chapter 157 (3/26)	This law directs DHHS to convene a stakeholder group to study access to psychiatric medication management services in the State. The study must examine the availability of psychiatric medication management services across the State, including a review of geographic and other disparities in access, the availability of psychiatric nurse practitioners to provide medication management and challenges to sustaining and expanding the psychiatric nurse practitioner workforce, including an examination of educational opportunities, financial support for the education of nurse practitioners and the availability of nurse educators to train nurse practitioners. It directs the department to report to the HHS Committee no later than February 1, 2025 on the study.
LD 2096	<i>An Act To Ensure Access To Pain Management Services In Health Insurance Plans</i>	HEALTH COVERAGE, INSURANCE AND FINANCIAL SERVICES	Signed by the Governor Public Law Chapter 661 (4/22)	As enacted, the law requires health insurance carriers to develop a plan to provide adequate coverage and access to a broad spectrum of pain management services, including, but not limited to, nonopioid, nonnarcotic pain management services and nonmedication pain management services that serve as alternatives to the prescribing of opioid or narcotic medication. Carriers are required to file their plans with the Bureau of Insurance for approval. The bureau must consider the adequacy of access to a broad spectrum of pain management services under a carrier's plan and whether any policies adopted by the carrier may create unduly preferential coverage of and access to prescribed opioids for pain management without consideration of other pain management services. The amendment requires a carrier to distribute educational materials to network providers about the carrier's pain management access plan and to post information about the carrier's pain management access plan on the carrier's publicly accessible website. The requirements apply to health plans issued or renewed on or after January 1, 2026.
LD 2114	<i>Resolve, Directing The Superintendent Of Insurance To Collect Data From Health Insurers Related To Prescription Drug Coverage Of Generic Drugs And Biosimilars</i>	HEALTH COVERAGE, INSURANCE AND FINANCIAL SERVICES	Signed by the Governor Resolves 2023 Chapter 177 (4/22)	As enacted, this resolve directs the Superintendent of Insurance to request data from health insurance carriers related to each carrier's placement of generic drugs and biosimilars on the carrier's prescription drug formulary, including whether a generic drug or biosimilar is available on the carrier's formulary with a lower out-of-pocket cost to an enrollee than the brand drug to which the generic drug or biosimilar is equivalent and whether the carrier imposes any limitation on coverage of a generic drug or biosimilar or imposes a restriction on a pharmacy that makes it more difficult for an enrollee to obtain coverage of or access to a generic drug or biosimilar than the brand drug to which the generic drug or biosimilar is equivalent. The amendment requires the Superintendent of Insurance to report on the data submitted by the carriers as requested, together with any findings or recommendations of the superintendent, no later than February 15, 2025. The Insurance Committee may report out a bill to the 132nd Legislature in 2025 based on the report.

<u>Bill</u>	<u>Title</u>	<u>Committee</u>	<u>Status</u>	<u>Note</u>
LD 2115	<i>An Act To Prohibit Unfair Practices Related To The Collection Of Medical Debt</i>	HEALTH COVERAGE, INSURANCE AND FINANCIAL SERVICES	Signed by the Governor Public Law Chapter 663 (4/22)	<p>As enacted, the law does the following:</p> <ol style="list-style-type: none"> <li>1. It prohibits debt collectors from charging any interest on debt or fees in connection with the collection of debt that the debt collector knows is medical debt.</li> <li>2. It prohibits debt collectors from pursuing litigation to compel payment of medical debt without providing proof that the consumer was sent a written notice indicating that litigation may not be pursued when the debt collector or collection agency knows the consumer's household income is not more than 300% of the federal poverty guidelines, as defined by the federal Office of Management and Budget and revised annually, and the debt collector or collection agency provided the consumer with at least 30 days to provide evidence that the consumer's household income is not more than 300% of the federal poverty guidelines.</li> <li>3. It prohibits debt collectors from making false, deceptive or misleading representations when attempting to collect debt that the debt collector or collection agency knows is medical debt or to obtain information about a consumer in relation to an attempt to collect medical debt that interest will accumulate on the debt principal, that a fee will be charged in connection with the debt or that the debt collector will pursue litigation to compel payment of the debt.</li> </ol>
LD 2126	<i>An Act Relating To Delegation Of Nursing Activities And Tasks To Unlicensed Assistive Personnel By Registered Professional Nurses</i>	HEALTH COVERAGE, INSURANCE AND FINANCIAL SERVICES	Signed by the Governor Public Law Chapter 592 (4/2)	<p>This law authorizes the delegation of specific nursing activities and tasks by a nurse to unlicensed assistive personnel, but preserves the authority of a nurse, in the exercise of the nurse's professional judgment, to refuse to delegate specific nursing activities and tasks in any care setting. The law also specifies that the authorization to delegate may not be construed to require a nurse to delegate, or permit a person to coerce a nurse into delegating, specific nursing activities and tasks against the nurse's professional judgment. The law defines "unlicensed assistive personnel" and requires the State Board of Nursing to adopt major substantive rules concerning delegation.</p>
LD 2139	<i>An Act To Add Schedule V Substances To The Controlled Substances Prescription Monitoring Program</i>	HEALTH AND HUMAN SERVICES	Signed by the Governor Public Law Chapter 544 (3/14)	<p>This law expands the required reporting on controlled substances under the Controlled Substances Prescription Monitoring Program to include drugs, substances and chemicals listed in the federally determined Schedule V. Schedule V drugs, substances and chemicals consist of preparations containing limited quantities of certain narcotics and are generally used for antidiarrheal, antitussive and analgesic purposes.</p>



<u>Bill</u>	<u>Title</u>	<u>Committee</u>	<u>Status</u>	<u>Note</u>
LD 2140	<i>An Act To Enact The Interstate Social Work Licensure Compact</i>	HEALTH COVERAGE, INSURANCE AND FINANCIAL SERVICES	Signed by the Governor Public Law Chapter 674 (3/23)	This law enacts the Social Work Licensure Compact to facilitate the interstate practice of regulated social workers by improving public access to competent social work services. The compact preserves the regulatory authority of a state to protect public health and safety through that state's current system of state licensure and promote mobility and address workforce shortages by eliminating the necessity for licenses in multiple states by providing for the mutual recognition of other member state licenses. The changes made to the compact by the law are technical in nature, and the law specifies that it is the intent of the Legislature that this compact be interpreted as substantively the same as the Social Work Licensure Compact that is enacted by other member states.
LD 2153	<i>An Act To Clarify Mainecare Copayments</i>	HEALTH AND HUMAN SERVICES	Signed by the Governor Public Law Chapter 546 (3/14)	This law amends the laws authorizing MaineCare member copayments. It removes references to certain service categories subject to copayments, prohibits copayments for community-based behavioral health and primary care services, clarifies the list of service categories subject to copayments and provides the Department of Health and Human Services authority to set copayment amounts.
LD 2156	<i>An Act To Authorize The Provision Of Emergency Medical Treatment For Certain Dogs</i>	HEALTH COVERAGE, INSURANCE AND FINANCIAL SERVICES	Became Law without Governor's Signature Public Law Chapter 587 (4/2)	This law authorizes licensed emergency medical services personnel to provide emergency medical treatment to law enforcement dogs and search and rescue dogs in accordance with protocols adopted by the Medical Direction and Practices Board and specifies that licensed emergency medical services personnel may provide emergency medical treatment to these dogs notwithstanding the Maine Veterinary Practice Act as long as emergency medical treatment is provided in accordance with the protocols.
LD 2165	<i>Resolve, Regarding Legislative Review Of Portions Of Chapter 270: Uniform Reporting System For Quality Data Sets, A Major Substantive Rule Of The Maine Health Data Organization</i>	HEALTH COVERAGE, INSURANCE AND FINANCIAL SERVICES	Signed by the Governor (Emergency Measure) Resolve Chapter 138 (3/12)	This resolve provides for legislative review of portions of Chapter 270: Uniform Reporting System for Quality Data Sets, a major substantive rule of the Maine Health Data Organization.
LD 2192	<i>Resolve, To Ensure That The Independent Commission To Investigate The Facts Of The Tragedy In Lewiston Has Necessary Authority To Discharge Its Fact-finding Mission</i>	JUDICIARY	Signed by the Governor Resolve Chapter 129 (2/13)	This resolve authorizes the Independent Commission to Investigate the Facts of the Tragedy in Lewiston to issue subpoenas to compel the testimony of witnesses and the production of documents until July 1, 2024. It also authorizes the independent commission to request and receive records in the possession of any state agency or instrumentality that it determines are necessary to fulfill the independent commission's fact-finding mission, including confidential records and records not otherwise subject to public disclosure.
LD 2214	<i>An Act To Make Supplemental Appropriations And Allocations For The Expenditures Of State Government, General Fund And Other Funds And To Change Certain Provisions Of The Law Necessary To The Proper Operations Of State Government For The Fiscal Years Ending June 30, 2024 And June 30, 2025</i>	APPROPRIATIONS AND FINANCIAL AFFAIRS	Signed by the Governor Public Law Chapter 643 (4/22)	Supplemental Budget

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LD 2224	<i>An Act To Strengthen Public Safety By Improving Maine's Firearm Laws And Mental Health System</i>	JUDICIARY	Signed by the Governor Public Law Chapter 674 (4/26)	<p>This law is based on the Governor's gun reform bill.</p> <ol style="list-style-type: none"> <li>1. <b>POSSESSION.</b> It provides that a person may not own, possess or have under that person's control a firearm if that person is a restricted person under an order issued by another jurisdiction that is similar to an extreme risk protection order in this State.</li> <li>2. <b>GUN SALES.</b> It provides that a person may not recklessly sell or transfer a firearm to a person who is prohibited from owning, possessing or having under that person's control a firearm.</li> <li>3. <b>GUN SALES.</b> It changes the classification of the crime of recklessly, knowingly or intentionally selling or transferring a firearm to a person who is prohibited from owning, possessing or having under that person's control a firearm from a Class D to a Class C crime.</li> <li>4. <b>GUN SALES.</b> It provides that a seller who is not a federally licensed firearms dealer and who transfers ownership of a firearm to a buyer may not complete the transaction unless the seller facilitates the transaction through a federally licensed firearms dealer.</li> <li>5. <b>YELLOW FLAG CHANGES.</b> It provides that if a law enforcement officer is unable to take a person into protective custody to conduct an assessment in connection with an extreme risk protection order, the law enforcement officer may apply for a protective custody warrant. The officer must submit an affidavit of probable cause for a protective custody warrant to a Justice of the Superior Court or a Judge of the District Court. The justice or judge must issue a protective custody warrant and promptly transmit that warrant to the officer for execution upon finding the affidavit is sufficient to establish probable cause to believe that the person is mentally ill and due to that condition presents a likelihood of serious harm; probable cause to believe that the person possesses, controls or may acquire a dangerous weapon; and that the officer has made reasonable attempts to take the person into custody without a warrant. It also provides that an assessment performed in connection with an extreme risk protection order may be facilitated using telehealth technology. It changes the required timing of certain events related to an extreme risk protection order.</li> <li>6. <b>DATA COLLECTION.</b> It requires DHHS to provide injury and violence prevention programs, including data collection, synthesis and evaluation.</li> <li>7. <b>MORE CRISIS CENTERS.</b> It requires DHHS to establish a statewide network of crisis receiving centers to provide immediate and short-term mental health and substance use disorder crisis stabilization services.</li> </ol>
LD 2238	<i>An Act To Address Gun Violence In Maine By Requiring A Waiting Period For Certain Firearm Purchases</i>	JUDICIARY	Became Law without Governor's Signature Public Law Chapter 678 (4/30)	As enacted, this law requires a 72-hour waiting period between an agreement for the purchase and sale of a firearm and the delivery of that firearm to the purchaser. Certain exemptions, such as the sale to a federally licensed firearm dealer or a law enforcement officer, are specified as well as exceptions if the sale is between family members, if the firearm being sold is a curio, relic or antique firearm or if the sale does not require a background check under federal or state law.
LD 2271	<i>An Act To Implement The Recommendations Of The Task Force To Evaluate The Impact Of Facility Fees On Patients To Improve Facility Fee Transparency And Notification</i>	HEALTH COVERAGE, INSURANCE AND FINANCIAL SERVICES	Became Law without Governor's Signature Public Law Chapter 672 (4/24)	The law requires a health care entity to post notice in a location readily accessible to patients, including patient waiting areas, and on the entity's publicly accessible website if the health care entity is a hospital-based facility that is part of a hospital or health system and whether a facility fee will be charged for receiving services. The notice shall also include a reference to the MHDO website for additional information. Finally, the law requires the Maine Health Data Organization to post information on its publicly accessible website relating to facility fees to educate the public about what facility fees are and the circumstances when facility fees may or may not be charged in association with the delivery of health care services.

<u>Bill</u>	<u>Title</u>	<u>Committee</u>	<u>Status</u>	<u>Note</u>
LD 2282	<i>An Act To Provide Greater Transparency About The Cost Of Insulin And To Promote The Availability Of Low-cost Insulin In The State</i>	BILLS IN THE SECOND READING	Signed by the Governor Public Law Chapter 610 (4/9)	The law requires a manufacturer of insulin to notify the Maine Health Data Organization no later than February 15th of each year of the wholesale acquisition cost for the insulin produced by the manufacturer in each category of insulin.
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<u>Bill</u>	<u>Title</u>	<u>Committee</u>	<u>Status</u>	<u>Note</u>
LD 132	<i>An Act To Require Health Insurance Carriers To Provide Coverage For Blood Testing For Perfluoroalkyl And Polyfluoroalkyl Substances</i>	HEALTH COVERAGE, INSURANCE AND FINANCIAL SERVICES		This bill requires carriers offering health plans in this State to provide coverage for blood testing for perfluoroalkyl and polyfluoroalkyl substances. The requirements of the bill apply to health plans issued or renewed on or after January 1, 2024. (Denied need for note.)
LD 208	<i>An Act To Require Mainecare Assessments For Children</i>	HEALTH AND HUMAN SERVICES		This bill requires the Department of Health and Human Services to establish a waiting list of individuals eligible for home care services under rule MaineCare Benefits Manual, Chapters II and III, Section 19 and Section 96, and to publish certain information about the waiting list on its publicly accessible website. It requires the department to submit an annual report to the joint standing committee of the Legislature having jurisdiction over health and human services matters relating to the waiting list. The bill requires the department to contract with a 3rd-party entity to conduct assessments for children who have not attained 21 years of age who the department determines are eligible for private duty nursing and personal care services provided in a residential setting or other setting where normal life activities take place.
LD 223	<i>Resolve, Directing The Department Of Health And Human Services To Amend Mainecare Rules Regarding Pharmacy Services</i>	HEALTH AND HUMAN SERVICES		This resolve allows a pharmacist licensed under Title 32, chapter 117 to be reimbursed for providing medication evaluation or consultation to a MaineCare member via telehealth or in a home visit when technology is not the most effective mode of consultation for services. It directs the Department of Health and Human Services to amend its rules under MaineCare Benefits Manual, Chapters II and III, Sections 19, 40 and 96 and Office of Aging and Disability Services Policy Manual, Section 63 accordingly.
LD 225	<i>An Act Regarding Reimbursement To Hospitals For Patients Awaiting Placement In Nursing Facilities</i>	HEALTH AND HUMAN SERVICES		Current law requires 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. This bill provides that the department also is required 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 residential care facility. The bill removes the provision that repeals the current law on December 31, 2023. (Note: MHA Bill)
LD 251	<i>Resolve, To Classify Employee Health Insurance As A Fixed Cost For Mainecare Reimbursement In Nursing Facilities</i>	HEALTH AND HUMAN SERVICES		This resolve requires the Department of Health and Human Services to amend its rule MaineCare Benefits Manual, Chapter III, Section 67, Principles of Reimbursement for Nursing Facilities, no later than January 1, 2024 to move health insurance costs for personnel from direct care and routine cost components to fixed costs components.
LD 307	<i>An Act To Lower The State's Health Care Costs</i>	HEALTH COVERAGE, INSURANCE AND FINANCIAL SERVICES		This bill is a concept draft pursuant to Joint Rule 208. This bill proposes to enact measures to lower the State's health care costs.
LD 321	<i>An Act To Create A Bill Of Rights For Temporary Workers</i>	LABOR AND HOUSING		This bill is a concept draft pursuant to Joint Rule 208. This bill proposes to create a bill of rights for temporary workers.

<u>Bill</u>	<u>Title</u>	<u>Committee</u>	<u>Status</u>	<u>Note</u>
LD 324	<i>An Act To Prevent The Wrongful Firing Of Maine Workers</i>	LABOR AND HOUSING		This bill is a concept draft pursuant to Joint Rule 208. This bill proposes to enact the Secure Jobs Act, which establishes a framework for employee discipline and discharge, prohibits the unjust discharge of an employee, requires employers to use progressive discipline measures, limits the use of electronic monitoring, provides for severance pay, provides remedies for wrongfully discharged employees and authorizes the recovery of damages.
LD 353	<i>An Act Concerning Substance Use Disorder, Treatment, Recovery, Prevention And Education</i>	HEALTH AND HUMAN SERVICES		This bill is a concept draft pursuant to Joint Rule 208. This bill would improve and expand treatment and recovery services for persons with substance use disorder, strengthen prevention efforts and modernize education requirements for clinicians.
LD 361	<i>Resolve, To Review Mainecare Reimbursement For Electronic Consultation Services</i>	HEALTH AND HUMAN SERVICES		This bill is a concept draft pursuant to Joint Rule 208. This bill proposes to enact measures to increase the reimbursement for electronic consultations through Medicaid in the State.
LD 373	<i>An Act To Ensure Employer And Employee Harmony In Clean Energy Development Projects</i>	LABOR AND HOUSING		This bill is a concept draft pursuant to Joint Rule 208. This bill proposes to enact measures designed to improve labor conditions for workers in the State by applying best practices and the latest research.
LD 445	<i>Resolve, Directing The Department Of Health And Human Services To Apply For A Waiver From The Federal Government For The Medicaid Limitation On Payment To A Facility With More Than 16 Inpatient Beds For Psychiatric Treatment</i>	HEALTH AND HUMAN SERVICES		This resolve requires the Department of Health and Human Services, within 90 days of the effective date of this resolve, to apply to the Centers for Medicare and Medicaid Services for a waiver of the prohibition against the provision of Medicaid covered services to individuals who are inpatients in a hospital, nursing facility or other institution with more than 16 beds that is primarily engaged in providing diagnosis, treatment or care to persons with mental disease.
LD 472	<i>An Act To Support Certified Community Behavioral Health Clinic Projects</i>	HEALTH AND HUMAN SERVICES		This bill provides \$2M in ongoing funding to bridge the gap for grants that are ending for mental health organizations participating in certified community behavioral health clinic projects.
LD 513	<i>An Act Regarding Overtime Protections For Certain Salaried Employees</i>	LABOR AND HOUSING		This bill annually raises the minimum salary that an employee who works in an executive, administrative or professional capacity must earn in order for that employee to be exempt from the laws governing the minimum wage and overtime pay until it is, when converted to an annual rate, greater than 4,500 times the State's minimum hourly wage on January 1, 2026. It provides that the overtime pay requirement applicable to employees of nonprofit corporations may be met through compensatory time agreements. It directs the Department of Labor to adopt routine technical rules, including rules regarding compensatory time for employees of nonprofit corporations.
LD 663	<i>An Act To Require Health Insurance Coverage For Pediatric Autoimmune Neuropsychiatric Disorders Associated With Streptococcal Infections And Pediatric Acute-onset Neuropsychiatric Syndrome</i>	HEALTH COVERAGE, INSURANCE AND FINANCIAL SERVICES		This bill requires health insurance coverage for treatment of pediatric postinfectious neuroimmune disorders including pediatric autoimmune neuropsychiatric disorders associated with streptococcal infections and pediatric acute-onset neuropsychiatric syndrome. The requirements apply to all individual and group policies and contracts issued or renewed on or after January 1, 2024.
LD 738	<i>An Act To Establish A Paid Family And Medical Leave System</i>	LABOR AND HOUSING		This bill is a concept draft pursuant to Joint Rule 208. This bill would require the development and implementation of a paid family and medical leave system.

<u>Bill</u>	<u>Title</u>	<u>Committee</u>	<u>Status</u>	<u>Note</u>
LD 741	<i>An Act To Prohibit Certain Training Repayment Agreements By Employers</i>	LABOR AND HOUSING		This bill specifies that an employer may not require an employee to enter into an agreement that requires the employee to reimburse the employer for training costs related to the employment if the employee leaves employment with that employer. The Department of Labor is required to enforce this provision.
LD 780	<i>Resolution, Proposing An Amendment To The Constitution Of Maine To Protect Reproductive Autonomy</i>	JUDICIARY		This resolution proposes to amend the Constitution of Maine by declaring that every person has a right to personal reproductive autonomy.
LD 821	<i>Resolve, To Improve Access To Neurobehavioral Services</i>	HEALTH AND HUMAN SERVICES		This resolve requires the Department of Health and Human Services to provide by September 1, 2024 16 new neurobehavioral beds in one or more neurobehavioral centers to serve individuals with significant behavioral challenges and complex medical needs who need evaluation and short-term treatment before transitioning to a long-term care environment either in the community or in a long-term care facility.
LD 840	<i>An Act To Support Individuals With Personality Disorder Or Disorders Associated With Primary Emotional Dysregulation By Requiring Reimbursement Under The Mainecare Program</i>	HEALTH AND HUMAN SERVICES		This bill requires the Department of Health and Human Services, beginning January 1, 2025, to reimburse under the MaineCare program for the treatment of personality disorder and emotional dysregulation that are associated with a primary diagnosis of emotional dysregulation. The bill also requires the department to establish a bundled reimbursement rate for the treatment of MaineCare members diagnosed with personality disorder or emotional dysregulation. (Amended to Pilot program)
LD 904	<i>An Act Supporting The Rural Health Care Workforce In Maine</i>	HEALTH AND HUMAN SERVICES		This bill establishes the Maine Rural Health Care Education Workforce Fund to support primary care and health professions workforce development in rural parts of the State.
LD 906	<i>An Act To Ensure Physicians Receive Full Diagnostic Test Data Concerning Tick-borne Diseases</i>	HEALTH AND HUMAN SERVICES		This bill requires a medical laboratory that reports the results of a diagnostic test for a tick-borne disease, including Lyme disease, babesiosis, anaplasmosis and ehrlichiosis, to report all information gathered in the process of producing the test result, including the specific data used to determine the result.
LD 936	<i>An Act To Require Employers To Disclose Pay Ranges And Maintain Records Of Employees' Pay History</i>	LABOR AND HOUSING		This bill does the following. 1. It requires an employer that has 10 or more employees to ensure that any posting of an employment opening includes a statement that lists the range of pay the employer will offer to a successful applicant. 2. It requires an employer that has fewer than 10 employees to disclose, on request, to an applicant for an employment opening the range of pay the employer will offer to a successful applicant. 3. It requires any employer, on the request of an employee, to disclose the range of pay the employer offers for the position the employee holds. It also requires an employer to maintain a record of each position title and the payment history of each employee for the duration of the employee's employment with the employer and for 3 years after the termination of employment with the employer.

<u>Bill</u>	<u>Title</u>	<u>Committee</u>	<u>Status</u>	<u>Note</u>
LD 938	<i>An Act To Assist Nursing Homes In The Management Of Facility Beds</i>	HEALTH AND HUMAN SERVICES		This bill restores the ability of nursing facilities to voluntarily reduce the number of their licensed beds and then later increase the number of their licensed beds to the prior level after obtaining a certificate of need and meeting certain conditions. The bill modifies the process to obtain certificate of need approval to reopen reserved beds. Applications that seek to reopen reserved beds must be approved if the projected incremental costs of reopening and operating the reopened beds are consistent with the facility's costs of operating its other beds. Applicants are not required to demonstrate that any increases in MaineCare costs are offset by other MaineCare savings. The costs of ongoing operation of both the restored beds and the complement of facility beds at the time the reserved beds are reopened must be recognized as allowable costs and incorporated into the facility's MaineCare payment rates. The bill requires the Department of Health and Human Services to include in its ...
LD 949	<i>An Act To Protect Workers From Employer Surveillance</i>	LABOR AND HOUSING		This bill prohibits employer surveillance unless the surveillance is strictly necessary for employee health and safety or the security of the employer, with certain limitations. It requires employers to provide, upon a verifiable request by an employee, data collected on the employee and certain information regarding that data. It specifies that an employer must provide notice to its employees prior to beginning employer surveillance. It provides that an employee has a private right of action.
LD 997	<i>Resolve, To Reduce Workforce Barriers For Mental Health Professionals In Maine</i>	HEALTH AND HUMAN SERVICES; HEALTH COVERAGE, INSURANCE AND FINANCIAL SERVICES		This resolve changes the educational requirements for behavioral health professionals providing services for children, regardless of the setting in which the service is provided, to a minimum of 60 credit hours in a related field, 90 credit hours in an unrelated field or a high school diploma or equivalent with training and oversight as determined by the Department of Health and Human Services in addition to the training provided for certification as a behavioral health professional. It requires the department to amend or establish contracts for training behavioral health professionals to train any number of additional individuals within existing resources and authorizes the department to opt to charge individuals or their employers fees for training. The resolve also requires the department to amend its guidelines regarding certification for mental health rehabilitation technician/community technicians so that an individual who has completed a 4-year postsecondary educational degree p...
LD 1009	<i>An Act Regarding The Reduction And Recycling Of Food Waste</i>	ENVIRONMENT AND NATURAL RESOURCES		This bill sets goals for the reduction of the disposal of food scraps and for food rescue, which is collecting edible food that would otherwise become solid waste and distributing the food to a hunger relief organization, food bank or pantry or other recipient to be used for human consumption. The bill sets priorities for the management of food scraps, with reduction at the point of generation being the first priority, then diversion for food consumption by humans, then diversion for agricultural use, including for consumption by animals, then subjecting the food scraps to composting or anaerobic digestion with subsequent soil application and finally subjecting the food scraps to anaerobic digestion not followed by soil application. Requirements are placed on producers of food scraps to separate the food scraps from other solid waste at the point of generation, with these requirements phased in over a 5-year period, beginning with the larger producers of food scraps. Commercial entitie...
LD 1010	<i>An Act To Provide Tax Relief For Working Families</i>	TAXATION		This bill is a concept draft pursuant to Joint Rule 208. This bill proposes to provide tax relief to working families by reforming the imposition of the service provider tax, especially on nonprofit organizations, schools, religious institutions and hospitals, and by adjusting the income tax brackets to make them fairer.
LD 1161	<i>An Act To Fund Free Health Clinics</i>	HEALTH AND HUMAN SERVICES		This bill provides one-time funding of \$250,000 for the State's free health clinics.

<u>Bill</u>	<u>Title</u>	<u>Committee</u>	<u>Status</u>	<u>Note</u>
LD 1165	<i>An Act To Enhance Cost Savings To Consumers Of Prescription Drugs</i>	HEALTH COVERAGE, INSURANCE AND FINANCIAL SERVICES		This bill removes a provision that requires that compensation remitted by or on behalf of a pharmaceutical manufacturer, developer or labeler to a pharmacy benefits manager be remitted to the carrier if it is not remitted to the covered person. It retains the provision that requires that the compensation be remitted to the covered person to reduce the out-of- pocket costs associated with a prescription drug. It requires pharmacy benefits managers to annually report compliance with this requirement to the Superintendent of Insurance. It authorizes the superintendent to impose civil penalties and take enforcement action for noncompliance by a carrier or pharmacy benefits manager. It designates the information provided as confidential.
LD 1184	<i>An Act Regarding Sales And Use Tax Exemptions For Durable Medical Equipment, Breast Pumps And Mobility Enhancing Equipment</i>	TAXATION		This bill provides a sales tax exemption for medical equipment and supplies prescribed by a health care provider for medical purposes when payment is made by an insurance company or specified government programs.
LD 1190	<i>An Act To Require Minimum Pay For Reporting To Work</i>	LABOR AND HOUSING		This bill requires employers who employ 250 or more employees worldwide to provide hourly employees at least 2 weeks' prior notice of the employees' work schedules, with compensation owed for schedule changes under certain circumstances. The bill also requires these employers to keep certain business records for at least 3 years. The bill provides that the Department of Labor, Bureau of Labor Standards may investigate possible violations and receive complaints of possible violations from the public. A fine of \$50 per day is due for any noncompliance. The Attorney General may also file a civil action seeking additional remedies. The department may adopt rules regarding compliance with and enforcement of these provisions, and the bureau is required to report to the Legislature periodically on violations and the bureau's efforts.
LD 1205	<i>An Act Regarding The Scope Of Practice Of Certified Professional Midwives And Certified Midwives</i>	HEALTH COVERAGE, INSURANCE AND FINANCIAL SERVICES		This bill amends the national standards by which certified professional midwives and certified midwives are required to practice and changes from permissive to mandatory the rulemaking of the Board of Complementary Health Care Providers relating to the scope of practice of certified professional midwives and certified midwives and directs the board to replace the terms "collaboration" and "consultation" with "referral" in the board's rules regarding certified professional midwives.
LD 1222	<i>An Act To Expand Child Care Services Through An Employer-supported Tax Credit</i>	TAXATION		This bill repeals the law governing the employer-assisted day care income tax credit, which by its own terms does not apply to tax years beginning on or after January 1, 2016. The bill authorizes a refundable tax credit for an employer that pays or provides in-kind resources for child care for the children of its employees. The amount of the annual credit is 50% of the amount expended or \$3,000 per child, whichever is lower.
LD 1224	<i>Resolve, Directing The Department Of Health And Human Services To Seek Federal Approval For Reimbursement Of Community-based Mobile Crisis Intervention Services</i>	HEALTH AND HUMAN SERVICES		This resolve requires the Department of Health and Human Services to submit to the Centers for Medicare and Medicaid Services any waivers or state plan amendments determined necessary in order to reimburse community-based mobile crisis intervention services.



<u>Bill</u>	<u>Title</u>	<u>Committee</u>	<u>Status</u>	<u>Note</u>
LD 1236	<i>Resolve, To Increase The Provision Of Children's Behavioral Health Services In Rural Areas To Provide Support For Families Of Children Receiving Services</i>	HEALTH AND HUMAN SERVICES		This bill requires DHHS to expand children's behavioral health services for children in families involved in the child welfare system in rural areas. It requires the department to amend its Sections 28 and 65 rules to establish a rural reimbursement rate that includes travel time for providers to rural areas to provide services. It requires the department to offer grants or other incentives to existing providers to expand services into rural areas. It also requires the department to reimburse providers of services to families to meet together and coordinate services for each family. The bill also requires the department to fully implement the family team meetings plan that is in the Maine Family First Prevention Services State Plan. It requires the department to train and provide neutral facilitators from child welfare staff for family team meetings.
LD 1304	<i>Resolve, To Establish The Task Force To Study Barriers To Achieving Behavioral Health Integration And Parity</i>	HEALTH COVERAGE, INSURANCE AND FINANCIAL SERVICES		This resolve establishes the Task Force to Study Barriers to Achieving Behavioral Health Integration and Parity. The task force is directed to submit a report and any suggested legislation by December 6, 2023. The committees are authorized to report out legislation to the Second Regular Session of the 131st Legislature.
LD 1305	<i>Resolve, To Design And Implement A Community-based Model Of Care For Adolescent Mental Health</i>	HEALTH AND HUMAN SERVICES		This resolve directs the Department of Health and Human Services to design and implement a " assertive continuing care protocol" model of care that addresses the acute mental health needs of adolescents with co-occurring disorders. It appropriates one-time funds of \$1.5M for this purpose. It directs DHHS to, no later than December 3, 2026, submit to the HHS Committee a report demonstrating the efficacy of the model of care and sufficient data to aid in the development of a future MaineCare reimbursement rate.
LD 1494	<i>An Act To Help Address The Worker Shortage In Behavioral Health Care Services By Allowing Provisional Licensure And Providing For Reimbursement For Out-of-state Licensees</i>	HEALTH COVERAGE, INSURANCE AND FINANCIAL SERVICES		This bill requires the Board of Counseling Professionals Licensure to grant a provisional license for up to 90 days to a counseling professional licensed in another state or an applicant who has completed the requirements for licensure in this State upon receipt of an application for licensure. The bill requires the board to issue a provisional license upon the submission of evidence that the applicant holds a substantially equivalent, valid license in another state and that the applicant's qualifications for licensure are substantially similar to those required in state law or that the applicant has completed the requirements for licensure in this State. The bill also provides that a person holding a provisional license is authorized to practice in this State and may not be denied payment or reimbursement for the person's services on the basis that the person is practicing under a provisional license.
LD 1496	<i>An Act To Restrict Noncompete Clauses</i>	LABOR AND HOUSING		This bill prohibits an employer from requiring or permitting an employee to enter into a noncompete agreement with the employer, regardless of the amount of the employee's earned wages. It prohibits noncompete agreements between an out-of-state employer and a resident of this State. It authorizes noncompete agreements in specific nonemployment- related situations, subject to certain conditions.
LD 1506	<i>Resolve, Directing The Department Of Health And Human Services To Study The Scarcity Of Licensed Clinical Behavioral Health Professionals Across The State</i>	HEALTH COVERAGE, INSURANCE AND FINANCIAL SERVICES		This resolve requires the Department of Health and Human Services to convene a stakeholder group to review issues related to the training and recruitment of clinical behavioral health care professionals. The resolve requires the department to submit a report related to the study to the Joint Standing Committee on Health and Human Services and authorizes the committee to report out a bill relating to the report.

<u>Bill</u>	<u>Title</u>	<u>Committee</u>	<u>Status</u>	<u>Note</u>
LD 1515	<i>An Act To Implement The Recommendations Of The Blue Ribbon Commission To Study Emergency Medical Services In The State</i>	CRIMINAL JUSTICE AND PUBLIC SAFETY	As amended, 1. It establishes a permanent Maine Emergency Medical Services Commission to monitor and evaluate the State's emergency medical services system on a continuing basis; 2. It permits the municipal officers of a municipality to adopt and post a plan stipulating the method by which transporting emergency medical services will be delivered within the municipality; 3. It amends the Maine Emergency Medical Services Act of 1982 to authorize an emergency medical services provider to render emergency medical services within a hospital or health care facility where the provider is a contractor of the hospital or facility. 4. It directs the Maine Emergency Medical Services to conduct a funding needs analysis of communities seeking to engage in regional collaboration or the adoption of a regional model in the delivery of emergency medical services and to submit a report describing the findings of its analysis and any associated recommendations on or before March 1, 2025; 5. It directs the Maine Emergency Medical Services to submit by December 31, 2024 a proposal, including draft legislation, regarding the reorganization of the Emergency Medical Services' Board; 6. It directs the Maine Emergency Medical Services to develop and implement a public information campaign designed to enhance the public's understanding and appreciation of the delivery of emergency medical services, the design and funding of the emergency medical services system in the State and the essentiality of the services provided by emergency medical services entities.	
LD 1575	<i>An Act To Promote Quality And Innovation In Nursing And Residential Care Facilities</i>	HEALTH AND HUMAN SERVICES	This bill authorizes the Department of Health and Human Services to implement new payment methods for nursing facilities, as well as implement nursing and residential care facility innovation and quality initiatives.	
LD 1577	<i>An Act To Require Health Insurance Coverage For Biomarker Testing</i>	HEALTH COVERAGE, INSURANCE AND FINANCIAL SERVICES	This bill requires insurance coverage, including coverage in the MaineCare program, for biomarker testing	
LD 1639	<i>An Act To Address Unsafe Staffing Of Nurses And Improve Patient Care</i>	LABOR AND HOUSING	This bill establishes mandatory RN staffing ratios for non-state hospitals and ambulatory surgical facilities. The rational for the ratios imposed is not know; these are not the ratios from California's law. It imposes fines on institutions and individual nurses. It limits the use of technology as part of caregiving. It ascribes no value to the care provided by CNAs.	
LD 1705	<i>An Act To Give Consumers Control Over Sensitive Personal Data By Requiring Consumer Consent Prior To Collection Of Data</i>	JUDICIARY	This bill provides for an individual's privacy regarding the collection and use of biometric identifiers of the individual and personal information connected to the biometric identifiers. The bill requires a written release from an individual before a private entity may obtain or use biometric identifiers and requires the private entity to establish a policy for retention and destruction of the biometric identifiers. The bill provides for a private right of action for an aggrieved individual who has had biometric identifiers obtained or used in violation of the provisions related to biometric identifiers, as well as civil penalties and enforcement by the Attorney General. The bill also provides that violations of provisions related to biometric identifiers constitute violations of the Maine Unfair Trade Practices Act.	

<u>Bill</u>	<u>Title</u>	<u>Committee</u>	<u>Status</u>	<u>Note</u>
LD 1751	<i>Resolve, To Direct The Department Of Health And Human Services To Explore The Feasibility Of An Ambulance Service Assessment Fee</i>	HEALTH AND HUMAN SERVICES		This bill establishes an ambulance service assessment fee on ambulance service providers in order to maximize federal funding for reimbursement to ambulance service providers under the MaineCare program. It also increases the reimbursement rates under the MaineCare program for ambulance services, neonatal transport, no-transport calls and community paramedicine.
LD 1792	<i>Resolve, To Establish The Rural Health Services Task Force</i>	HEALTH AND HUMAN SERVICES		This resolve establishes the Rural Health Services Task Force to study rural health care delivery in the State.
LD 1797	<i>An Act To Expand Maine's Health Care Workforce By Expanding Educational Opportunities</i>	INNOVATION, DEVELOPMENT, ECONOMIC ADVANCEMENT AND BUSINESS		As amended, this bill does the following. 1. It makes part-time faculty eligible for the nursing education loan repayment program, with loans of up to \$10,000 for a master's degree and up to \$20,000 for a doctoral degree. 2. It provides for \$1,000,000 in appropriations (for FY 24 and 25) to the nursing education loan repayment program. 3. It establishes the Maine Health Care Education Training and Medical Residency pilot program and appropriates \$2.5M in FY 24 and 25 to the fund to establish clinical training opportunities for 3rd-year and 4th-year medical students in the rural parts of the State. 4. It provides for \$2M in appropriations in FY 24 and 25 to the Maine Health Care Provider Loan Repayment Program Fund. 5. It provides for \$1,000,000 in in appropriations in FY 24 and 25 to the Doctors for Maine's Future Scholarship Program. [Note: The amendment removed the proposed new income tax credit of up to \$500 a year for new nurses, and the \$300,000 in ongoing annual appropriations t...
LD 1827	<i>Resolve, To Establish The Blue Ribbon Commission To Make Recommendations On The Continuum Of Long-term Care Options</i>	HEALTH AND HUMAN SERVICES		This bill eliminates the so-called budget neutrality provisions relating to transferring and selling beds between nursing facilities and residential care facilities, converting beds from nursing services to residential care services and delicensing nursing facility beds. It directs the Department of Health and Human Services to amend its rules regarding nursing facilities, residential care facilities and private nonmedical institutions to remove all requirements of and references to provisions that costs must be fully offset by reductions in MaineCare costs, or so-called budget neutrality, in all rules affecting nursing facilities, residential care facilities or private nonmedical institutions or the certificate of need process for nursing facilities. It prohibits the Department of Health and Human Services from implementing so-called budget neutrality in its policies or practices or by adopting or enforcing rules relating to nursing facilities, residential care facilities and private ...
LD 1829	<i>An Act To Direct The Maine Prescription Drug Affordability Board To Assess Strategies To Reduce Prescription Drug Costs And To Take Steps To Implement Reference-based Pricing</i>	HEALTH COVERAGE, INSURANCE AND FINANCIAL SERVICES		This bill requires that a state entity, health plan or participating plan qualified under the federal Employee Retirement Income Security Act of 1974 may not purchase prescription drugs to be dispensed or delivered to a consumer of this State at a cost that exceeds the referenced rate. The referenced rate of a prescription drug is the maximum rate for a drug determined by the Secretary of the United States Department of Health and Human Services under the federal Medicare program. Any savings generated as a result must be used to reduce costs to consumers.
LD 1902	<i>An Act To Protect Personal Health Data</i>	JUDICIARY		This bill establishes consumer rights with regard to consumer health data and defines obligations of regulated entities that collect, use and share consumer health data. The bill prohibits selling consumer health data and implementing a geofence around certain health care entities. The bill provides a private right of action for a consumer against a regulated entity for a violation of the provisions as well as civil penalties and enforcement by the Attorney General. The bill also makes violations enforceable under the Maine Unfair Trade Practices Act. The bill's requirements do not apply to government agencies and health care information subject to federal and state law related to confidentiality of health care information.

<u>Bill</u>	<u>Title</u>	<u>Committee</u>	<u>Status</u>	<u>Note</u>
LD 1914	<i>Resolve, To Establish The Commission To Study Pathways For Creating A Psilocybin Services Program In Maine</i>	VETERANS AND LEGAL AFFAIRS		This bill enacts the Maine Psilocybin Health Access Act, which establishes a regulatory framework in order to provide psilocybin products to individuals in Maine who are 21 years of age or older.
LD 1955	<i>An Act To Require Hospitals To Provide Accessible Financial Assistance For Medical Care</i>	HEALTH AND HUMAN SERVICES, IN NON-CONCURRENCE.; HEALTH COVERAGE, INSURANCE AND FINANCIAL SERVICES		This bill does the following. 1. It directs the Department of Health and Human Services to adopt rules, consistent with the federal Hill-Burton Act, for the provision of free health care services to patients who are state residents and meet certain income requirements. 2. It requires hospitals and hospital-affiliated providers to provide free care for individuals with income up to 200% of the FPL. 3. It requires that hospitals and hospital-affiliated providers use a single streamlined application for all financial assistance programs and provides for other resources relating to applications and for the determination of a patient's financial assistance. 4. It requires that hospitals and hospital-affiliated providers widely publicize their financial assistance programs within the community served by the hospital or hospital-affiliated provider, including by publishing a summary of the programs written in plain language; by providing physical copies of the summary, application and applica...
LD 1973	<i>An Act To Enact The Maine Consumer Privacy Act</i>	JUDICIARY		This bill enacts the Maine Consumer Privacy Act to entitle consumers to certain rights concerning the use of personal data.
LD 1977	<i>An Act To Enact The Maine Data Privacy And Protection Act</i>	JUDICIARY		This bill enacts the Data Privacy and Protection Act, which: 1. Governs the collection, processing and transfer of certain personal data, including imposing requirements for consent to use the data, the use of personal data in targeted advertising and the use of the personal data of minors; 2. Requires policies, practices and procedures for data privacy; and 3. Prohibits retaliation for the exercise of a right relating to personal data and prohibits discriminatory practices in the collection, processing or transfer of personal data.
LD 1990	<i>Resolve, To Establish The Commission To Evaluate The Requirements For Licensing Of Social Workers</i>	HEALTH COVERAGE, INSURANCE AND FINANCIAL SERVICES		This bill removes the requirement that a person pass an examination in order to be qualified for licensure as a licensed master social worker, a licensed social worker or a licensed master social worker, conditional.
LD 2075	<i>An Act To Protect Health Care Workers From HIV</i>	HEALTH COVERAGE, INSURANCE AND FINANCIAL SERVICES		Under current law, if a person, while in the course of employment in a health care setting or as an emergency services worker, is exposed to potentially infectious blood or other bodily fluids of a patient in the course of employment, consent is required of the patient before a test for HIV may be performed. Consent may be provided by certain other individuals if the patient is not present and cannot be contacted or is incapacitated. This bill clarifies that the consent must be sought by a legal representative or administrator of the health care setting and that another individual who can authorize consent must be present. This bill also allows an HIV test to be conducted without consent if, despite a good faith effort to obtain consent, at least 8 hours have passed since exposure and: 1. The patient is incapacitated or is determined by that patient's attending health care provider to lack the mental capacity to provide such consent; 2. The patient is not expected to recover in time fo...

<u>Bill</u>	<u>Title</u>	<u>Committee</u>	<u>Status</u>	<u>Note</u>
LD 2077	<i>Resolve, To Study The Role Of Natural Gas In An Equitable Clean Energy Transition For Maine</i>	ENERGY, UTILITIES AND TECHNOLOGY		This bill would significantly impair continued expansion of residential gas service. This bill provides that, beginning February 1, 2025, any charge for costs associated with new gas service mains and gas service lines for residential and commercial gas service is unreasonable for inclusion in rates and prohibited. It provides that, beginning January 1, 2025, the Public Utilities Commission may not approve a gas utility to furnish service or serve customers in a municipality that is outside of the utility's service area on June 30, 2024. Beginning January 1, 2025, it prohibits a gas utility from offering or providing a promotional allowance to customers or potential customers.
LD 2100	<i>An Act To Require The Reporting Of Alpha-gal Syndrome To The Maine Center For Disease Control And Prevention</i>	HEALTH AND HUMAN SERVICES		This bill requires the Department of Health and Human Services to add alpha-gal syndrome, a potentially life-threatening red meat allergy caused by a tick bite, to the list of conditions that must be reported to the Maine Center for Disease Control and Prevention by health care providers and other persons as described in the department rules governing notifiable diseases and conditions.
LD 2105	<i>Resolve, To Protect And Enhance Access To Behavioral Health Services In Androscoggin County And Surrounding Communities</i>	HEALTH AND HUMAN SERVICES		This resolve directs the Department of Health and Human Services to provide emergency funding to cover operating losses associated with providing acute behavioral health care services provided by St. Mary's Regional Medical Center in Lewiston to ensure that those services can be continued and expanded to meet urgent needs in Androscoggin County and surrounding communities while avoiding curtailment of other critically important health care services in the region. The resolve appropriates \$10,000,000 in fiscal year 2024-25 for that purpose.
LD 2122	<i>An Act To Create Parity In The Licensing Of Emergency Medical Services Professionals And Other Health Care Professionals Who Enter Private Residences</i>	HEALTH COVERAGE, INSURANCE AND FINANCIAL SERVICES		This bill authorizes the use of the Background Check Center within the Department of Health and Human Services by Maine Emergency Medical Services within the Department of Public Safety to conduct background checks for persons seeking to be licensed or relicensed as an emergency medical services person or an emergency medical services ambulance operator.
LD 2123	<i>An Act Regarding Licensure Of Emergency Medical Services Persons</i>	HEALTH COVERAGE, INSURANCE AND FINANCIAL SERVICES		<p>This bill amends the law governing the minimum requirements for licensing and relicensing emergency medical persons by removing the requirement that a person must have successfully completed the practical evaluation of emergency medical treatment skills approved by the Emergency Medical Services' Board and replacing it with a requirement that a person must have successfully completed an assessment of emergency medical treatment skills approved by the Emergency Medical Services' Board.</p> <p>This bill amends the law governing the minimum requirements for licensing and relicensing emergency medical persons by removing the requirement that a person must have successfully completed the practical evaluation of emergency medical treatment skills approved by the Emergency Medical Services' Board and replacing it with a requirement that a person must have successfully completed an assessment of emergency medical treatment skills approved by the Emergency Medical Services' Board.</p>
LD 2125	<i>An Act To Establish The Alzheimer's Disease And Other Dementias Advisory Council Within The Department Of Health And Human Services And To Require A State Plan To Address Alzheimer's Disease And Other Dementias</i>	HEALTH AND HUMAN SERVICES		This bill establishes the Alzheimer's Disease and Other Dementias Advisory Council to examine the needs of individuals living with Alzheimer's disease and other dementias, the services available in the State for those individuals and the ability of health care providers and facilities to meet those individuals' current and future needs.

Bill	Title	Committee	Status	Note
LD 2129	<i>An Act To Establish A Statewide Sexual Assault Forensic Examination Kit Tracking System And Conduct An Inventory Of Existing Forensic Examination Kits In The Possession Of Law Enforcement</i>	CRIMINAL JUSTICE AND PUBLIC SAFETY		This bill directs the Department of Public Safety to establish, operate and maintain a sexual assault forensic examination kit tracking system. The system must provide relevant information for victims, both those who choose to report to a law enforcement agency and those who choose not to report, and other approved users regarding the processing, custody, analysis and destruction of evidence. Hospitals and other providers who use the kits would be obligated to upload tracking-related information to the system.
LD 2151	<i>An Act Regarding The Cost Of Copies Of Medical Records</i>	HEALTH AND HUMAN SERVICES		<p>This bill provides that a hospital or its vendor, in making and providing a paper copy of a patient's medical record and additions to the medical record, may assess reasonable fees as charges to the requesting person, and the hospital or its vendor may require payment prior to responding to the request.</p> <p>A charge to a 3rd party receiving a paper copy of a patient's medical record may not exceed \$20 for validating the request documents and locating the medical record and 45¢ for each page of the medical record, up to a maximum of \$250 for an entire medical record.</p> <p>A \$20 fee may also be charged for providing a letter that states that the patient's medical record was not located.</p> <p>If a patient's medical record exists in a digital or electronic format, a hospital or its vendor must provide an electronic copy of the medical record if an electronic copy is requested and it is reasonably possible to provide it.</p> <p>The hospital or its vendor may assess as charges to a 3rd party receiving a medi...</p>
LD 2174	<i>An Act To Protect Consumers From Predatory Medical Credit Card Providers</i>	HEALTH COVERAGE, INSURANCE AND FINANCIAL SERVICES		This bill establishes the following requirements related to credit cards designed specifically for the payment of health care services. 1. It prohibits a health care provider from offering or arranging for a medical credit card for a consumer in that provider's health care setting. 2. It prohibits a health care provider from offering a medical credit card for a consumer that contains a deferred interest provision in the medical credit card contract. 3. It prohibits a health care provider from charging the costs for health care services to a medical credit card at any time prior to the date upon which health care services are rendered or costs are incurred. 4. It requires a health care provider to screen a consumer for eligibility for charity care. 5. It provides that a creditor that extends a medical credit card to a consumer and is attempting to collect unpaid payments in connection with the medical credit card from a consumer is subject to the provisions of the Maine Fair Debt Collec...
LD 2175	<i>An Act To Improve Access To Affordable Prescription Drugs In Underserved Areas</i>	HEALTH COVERAGE, INSURANCE AND FINANCIAL SERVICES		<p>This bill directs the Office of Affordable Health Care to provide support for federally qualified health centers to develop or expand the centers' capacity to provide access to affordably priced prescription drugs to patients by increasing the centers' ability to deliver pharmacy services to those patients. The bill appropriates \$7,500,000 in fiscal year 2024- 25 for that purpose.</p> <p>This bill directs the Office of Affordable Health Care to provide support for federally qualified health centers to develop or expand the centers' capacity to provide access to affordably priced prescription drugs to patients by increasing the centers' ability to deliver pharmacy services to those patients. The bill appropriates \$7,500,000 in fiscal year 2024- 25 for that purpose.</p>

<u>Bill</u>	<u>Title</u>	<u>Committee</u>	<u>Status</u>	<u>Note</u>
LD 2200	<i>Resolve, To Attract And Retain Behavioral Health Clinicians</i>	HEALTH AND HUMAN SERVICES		This resolve directs the Department of Health and Human Services to develop and implement a program to provide a \$25,000 recruitment and retention incentive to behavioral health clinicians in the State during fiscal year 2024-25. It directs the department to establish criteria regarding participation in the program and to submit a report regarding the program to the joint standing committee of the Legislature having jurisdiction over health and human services matters.
LD 2211	<i>An Act Regarding Quality Of Care And The Board Of Trustees At The Maine Veterans' Homes</i>	VETERANS AND LEGAL AFFAIRS		This bill accomplishes the following. 1. It updates the membership criteria of the Board of Trustees of the Maine Veterans' Homes and alters the appointing authority for appointing members to the board. 2. It updates the reporting requirements of the board's annual report.
LD 2217	<i>Resolve, To Require The Department Of Health And Human Services To Amend Its Mainecare Reimbursement Rules To Provide Reimbursement To Veterans' Facilities On A Per Resident Basis</i>	VETERANS AND LEGAL AFFAIRS		This bill requires the State Controller to transfer \$3,135,000 from the General Fund to the Maine Veterans' Homes to support ongoing operations. The transfer amount must be increased annually by the increase in the cost of living.
LD 2223	<i>Resolve, To Direct The Department Of Health And Human Services To Amend Rules And Establish A Study Group Related To Funding And Reimbursement For Mental Health Crisis Resolution Services</i>	HEALTH AND HUMAN SERVICES		This resolve directs the Department of Health and Human Services to develop a reimbursement model for crisis services that is designed as an annual cost reimbursement model rather than a per encounter basis model. The reimbursement model must be designed to fully cover staffing and operational costs for crisis resolution services to operate 24 hours per day, 7 days per week.
LD 2237	<i>An Act To Strengthen Public Safety, Health And Well-being By Expanding Services And Coordinating Violence Prevention Resources</i>	HEALTH AND HUMAN SERVICES		This is the Speaker's mental health / gun control legislation; it was built into the budget. It includes: 1. MOBILE CRISIS SERVICES; 2. TWO MORE CRISIS RESPONSE CENTERS; 3. NEW OFFICE OF VIOLENCE PREVENTION; 4. FUND MEDICATION MANAGEMENT; 5. SUICIDE PREVENTION; 6. ACTIVE SHOOTER ALERTS.
LD 2243	<i>Resolve, To Expedite And Improve Reimbursement To Certain Private Nonmedical Institutions</i>	HEALTH AND HUMAN SERVICES		This resolve directs the Department of Health and Human Services to reimburse at least 75% of a private nonmedical institution's as-filed settlement pursuant to the facility's cost reports within 90 days of receipt by the department of the cost reports for Section 97, Appendices E and F, respectively.
LD 2249	<i>An Act To Protect The Fund For A Healthy Maine</i>	HEALTH AND HUMAN SERVICES		Under the bill, tax revenue from the cigarette tax is applied to the Fund for a Healthy Maine only if Master Settlement Agreement funds and other sources are insufficient to cover budgeted allocations, and the tobacco products tax revenue is applied to the Fund for a Healthy Maine only if the cigarette tax revenue is insufficient to cover any remaining budgeted allocations.
LD 2255	<i>Resolve, To Reestablish The Task Force On Accessibility To Appropriate Communication Methods For Deaf And Hard-of-hearing Patients</i>	HEALTH AND HUMAN SERVICES		The resolve reestablishes the Task Force on Accessibility to Appropriate Communication Methods for Deaf and Hard-of-hearing Patients to study accessibility to appropriate communication methods for deaf and hard-of-hearing patients in health care settings and how that accessibility may be improved. The task force is required to submit a report and suggested legislation by November 6, 2024.

<u>Bill</u>	<u>Title</u>	<u>Committee</u>	<u>Status</u>	<u>Note</u>
LD 2267	<i>An Act To Implement The Recommendations Of The Commission Regarding Foreign-trained Physicians Living In Maine To Support International Medical Graduates In Securing Employment</i>	HEALTH COVERAGE, INSURANCE AND FINANCIAL SERVICES		The bill does the following. 1. It directs the Department of Labor to contract with a 3rd-party entity to provide an assistance program and a clinical readiness program for international medical graduates. 2. It directs the Finance Authority of Maine to provide a loan program on a pilot basis for the purpose of providing financial assistance to attend an approved education program in this State in order to join the State's health care workforce, to international medical graduates residing in this State who are unable to qualify for any existing federal or state education loan programs. 3. It directs the Office of Policy Innovation and the Future to coordinate with appropriate educational institutions to develop programs for international medical graduates residing in this State to gain entry into and complete educational programs in alternative health care careers, such as physician assistant, nurse or nurse practitioner programs, to ensure that the State is effectively incorporating i...
LD 2268	<i>An Act To Implement The Recommendations Of The Commission Regarding Foreign-trained Physicians Living In Maine To Establish A Sponsorship Program For Foreign-trained Physicians</i>	HEALTH COVERAGE, INSURANCE AND FINANCIAL SERVICES		This bill directs the Department of Labor to contract with a 3rd-party entity to provide an assistance program and a clinical readiness program for international medical graduates. 2. It directs the Finance Authority of Maine to provide a loan program on a pilot basis for the purpose of providing financial assistance to attend an approved education program in this State in order to join the State's health care workforce, to international medical graduates residing in this State who are unable to qualify for any existing federal or state education loan programs. 3. It directs the Office of Policy Innovation and the Future to coordinate with appropriate educational institutions to develop programs for international medical graduates residing in this State to gain entry into and complete educational programs in alternative health care careers, such as physician assistant, nurse or nurse practitioner programs, to ensure that the State is effectively incorporating immigrants into the State'...
LD 2283	<i>An Act To Enact The Crisis Intervention Order Act To Protect The Safety Of The Public</i>	JUDICIARY		This is a Red Flag bill. It allows for a law enforcement officer or a family member to seek a "Crisis Intervention Order" from a District Court. There is no medical assessment component necessary to seek the order.
LD 2287	<i>Resolve, To Fully Fund Nursing Homes</i>	HEALTH AND HUMAN SERVICES		This resolve requires DHHS to:  1. Provide for a supplemental allowance per patient per day that is the difference between the amount reimbursed by the MaineCare program and the MaineCare allowable costs as reported in the as-filed MaineCare 2022 cost report. The amount may be no more than \$90 per patient per day for nursing facilities not including rural nursing facilities;  2. Allow for education and training costs for direct care staff to be included as a cost component under the MaineCare program, including paying direct care staff wages while attending the education or training and paying the trainers; and  3. Establish the category of rural nursing facilities. The resolve requires any new nursing facility reimbursement rates developed to be no less than reimbursement rates that include supplemental allowances and annual inflation adjustments for nursing facilities. For rural nursing facilities, the higher of the rate in the most recent as-filed cost report and the rate developed ...
80	<b>Bills Rejected</b>			
119	<b>Bills Total</b>			