



Maine Hospital Association

July 2025

Legislative Wrap Up



First Session
132nd Legislature

FIRST SESSION SUMMARY

The First Session (the so-called long session) of the Legislature **adjourned June 25th**. It was actually the first “special” session since they had adjourned the first session back on March 21. This is the third Legislature in a row where they adjourned early in order to enact a budget—more on this later.

As you can see below, the 132nd Legislature once again enacted just under a third of all bills this first session as it did two years ago.

There were not many negative bills (outside of the charity care bill), the 340B law was enacted but most of our DHHS-related reform bills were rejected.

HISTORICAL RESULTS

	132 nd (2025)	131 st (2023)	130 th (2021)	129 th (2019)	128 th (2017)	127 th (2015)	126 th (2013)	125 th (2011)
Bills Filed	1,988	2,019	1,739	1,846	1,646	1,455	1,577	1,588
Bills Enacted	627	632	620	652	350	442	524	595
% Enacted	31%	31%	36%	35%	21%	30%	33%	37%

BILLS MHA FOLLOWED

	Number	Percentage
Enacted	62	28%
Carried Over	54	24%
Rejected	107	48%
Total	223	

MHA followed **11.2%** of all the bills filed this year; this is consistent with previous sessions.

Thank You. As always, thank you for all your assistance during this long session.

State Government Leadership

Governor: Janet Mills

DHHS Commissioner: Sarah Gagne-Holmes (replaced J. Lambrew in 2024)

MaineCare Director: Michelle Probert

House of Representatives:

Democrats - 76

Republicans - 73

Other - 2 (1 Independents, 1 unenrolled)

Speaker - Ryan Fecteau (Biddeford)

Majority Leader - Matt Moonen (Portland)

Majority Whip - Lori Gramlich (Old Orchard beach)

Minority Leader - Billy Bob Faulkingham (Winter Harbor)

Minority Whip - Katrina Smith (Palermo)

Senate:

Democrats - 20

Republicans - 15

Other - 0

Senate President - Matthea Daughtry (Cumberland County)

Majority Leader - Teresa Pierce (Cumberland County)

Majority Whip - Jill Duson (Cumberland County)

Minority Leader - Trey Stewart (Aroostook County)

Minority Whip - Matt Harrington (York County)

Budget

The state enacted its budget (for the period beginning July 1, 2025) in two stages.

Supplemental. A stand-alone supplemental budget failed enactment by the 2/3 majority vote needed to make it effective immediately. As a result, DHHS was short over \$100M for the Medicaid program in 2025. Consequently, they curtailed payments to CAHs, out-of-state hospitals, some pharmacies and high-cost claims from March to June. On March 29th, they enacted a supplemental and a “skinny biennial” budget (**LD 609/Chapter 2**). It really had very little for hospitals outside funding of Medicaid.

	SFY 2025	SFY 2026	SFY 2027
Revenue	\$5.35 Billion	\$5.74 Billion	\$5.75 Billion
Expenditures	\$5.51 Billion	\$5.80 Billion	\$5.84 Billion
Surplus/(Deficit)	(\$165 Million)	(\$57 Million)	(\$92 Million)
<i>Beginning Balance</i>	<i>\$321 Million</i>	<i>\$156 Million</i>	\$99 Million
Net Balance	\$156 Million	\$99 Million	\$7 Million

This is the second time in a row that the Legislature first adopted a “baseline” budget in late March, in order to avoid a government shutdown on July 1. This budget had virtually no new initiatives, but it did back-fill the curtailment.

Real Biennial. In June, they enacted a budget (**LD 210 / Chapter 338**), that is technically a “supplemental” budget but that had most of the meaningful initiatives for the upcoming SFY 2026-2027 biennium.

340B Protections (Part P). While our 340B legislation (LD 1018) easily passed both chambers of the Legislature, the Appropriations Committee decided to put the contents of LD 1018 into the budget. We appreciate the enactment of this priority.

Inpatient Psychiatric Tax (Part II). CMS disallowed the proposed changes to the hospital tax that were enacted by the legislature last year because the rate for the two IMDs was kept at the lower rate of 2.23% rather than the new rate of 3.25%. The supplemental raised the IMD rate to 3.25% but directed that all funds be used to increase the reimbursement for inpatient psychiatric beds.

Budget

Other Budget Items:

1. **Cut to Hospital-based Physician Reimbursement Rate (Part DDD).** The budget proposed to both change the methodology for how PPS hospital-based physicians are reimbursed from partial cost reimbursement to 170% of Medicare; it then also proposed to cut the percentage of Medicare 5 times starting in SFY 2027 (the second year of the biennium). As enacted, the budget does change the methodology and it does 1 cut (to 160% of Medicare) starting in SFY 2028.
2. **No Hospital Bed Tax.** The enacted budget rejected a proposed new bed tax on hospitals to finance HealthInfoNet;
3. **1% COLA for Inpatient Rates (Part GGG).** The enacted budget included COLAs for hospital Inpatient Rates, GME add-ons, inpatient psychiatric rates and a number of non-hospital sections of the MaineCare manual. The hospital inpatient rate increase is worth roughly \$3M per year.
4. **\$100 Million for Payment to Providers Account in SFY 2027.** The budget significantly increases investment in the Medicaid program in the second year of the biennium. This investment matches the similar \$75M increase in SFY 2026 that was included in LD 609 (the skinny biennial);
5. **Crisis Receiving Centers (Part YY).** The budget funds two crisis receiving centers similar to the one currently operating in Portland. Two years ago the state voted to fund 4 such centers in response to the Lewiston shooting;
6. **Cigarette Tax Increase (Part E)** - Budget includes a \$1.50 per pack tax increase from \$2.00 to \$3.50.
7. **Funding for PRTF Included**—\$3.4 million was provided in the second year of the biennium to fund the psychiatric residential treatment facility (PRTF).

SFY 2025 Supplemental Budget & Baseline (“Skinny”) Biennial Budget

PL 2025, Chapter 2 - LD 608

Supplemental / Change Package (SFY 2024-2025)

PL 2025, Chapter 388 - LD 210

New Laws

Maine enacted 627 new laws this year. There are two effective dates for non-emergency legislation. For Public Laws Chapters 1-17 and Resolves Chapters 1-11 the effective date is June 20, 2025. For all other legislation adopted during the “special” session, the effective date is September 24, 2025 (unless it is emergency legislation).

If the bill was designated “emergency” legislation it is immediately effective; our list below will indicate emergency bills and the dates they became effective.

The MHA Bills of Interest document with all the bills is still available on the MHA website.

The next several pages list all of the enacted bills by committee.

Finally, we highlight some of the more important bills by placing them in boxes.

Insurance Committee (30 new laws)

LD 5 - An Act To Clarify The Law Regarding Prior Authorization For Air Ambulances (PL 2025, Chapter 34—Emergency).

As enacted (Chapter 34) this law clarifies that the provision of law prohibiting a health insurance carrier from requiring an air ambulance service provider to obtain prior authorization before transporting an individual enrolled in a health plan or managed care plan to a hospital or between hospitals for urgent care is limited to air ambulance service providers that are nonprofit organizations. The bill is retroactive to August 9, 2024.

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LD 90 - Resolve, Regarding Legislative Review of Chapter 6: Delegation of Nursing Activities and Tasks to Unlicensed Assistive Personnel by Registered Professional Nurses, a Major Substantive Rule of the Department of Professional and Financial Regulation, State Board of Nursing (Resolves 2025, Chapter 21—Emergency).

As enacted, this resolve provides for legislative disapproval of Chapter 6: Delegation of Nursing Activities and Tasks to Unlicensed Assistive Personnel by Registered Professional Nurses, a major substantive rule of the Department of Professional and Financial Regulation, State Board of Nursing. In other words, there needs to be amendment to the legislation in order to bring it back and get legislative approval.

LD 123 - An Act Regarding Licensure Of Emergency Medical Services Persons (PL 2025, Chapter 7).

As enacted, this law amends the law governing the minimum requirements for licensing and relicensing of emergency medical services persons by removing the requirement that a person seeking licensing or relicensing 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 the person must have successfully completed an assessment of emergency medical treatment skills approved by the Emergency Medical Services' Board.

LD 163 - An Act To Require Health Insurance Coverage For Federally Approved Nonprescription Oral Hormonal Contraceptives And Nonprescription Emergency Contraceptives (PL 2025, Chapter 445)

As enacted, this legislation expands the requirements in current law for commercial coverage of contraceptives to

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include nonprescription oral hormonal contraceptives and nonprescription emergency contraceptives approved by the federal Food and Drug Administration. The law provides that a prescription is not required for insurance coverage for nonprescription oral hormonal contraceptives and nonprescription emergency contraceptives. The requirements apply beginning January 1, 2026.

LD 178 - *An Act Regarding Coverage For Step Therapy For Metastatic Cancer* (PL 2025, Chapter 448)

As enacted, the law prohibits a health insurance carrier or utilization review organization from requiring an enrollee seeking treatment for metastatic cancer to use a step therapy protocol before the carrier provides coverage of a prescription drug approved by the United States Food and Drug Administration.

LD 238 - *An Act to Protect Emergency Medical Services Persons' Right to Work in Multiple Health Care Settings* (PL 2025, Chapter 70).

As enacted, this law clarifies the authority of a person licensed as an emergency medical services person to engage in activities delegated pursuant to existing law by a physician or physician assistant.

LD 239 - *An Act To Allow Retail Pharmacies To Operate Remote Dispensing Sites In Rural Areas* (PL 2025, Chapter 136).

As enacted, the law authorizes a remote dispensing site as a new category of license for a pharmacy and requires the Maine Board of Pharmacy to adopt rules to establish criteria that a remote dispensing site must meet to qualify for a license. The amendment requires the Maine Board of Pharmacy to adopt rules no later than June 30, 2026.

LD 310 - *Resolve, Regarding Legislative Review Of Portions Of Chapter 100: Enforcement Procedures, A Major Substantive Rule Of The Maine Health Data Organization* (Resolve 2025, Chapter 1—Emergency).

As enacted, these proposed changes to MHDO rules add fines for a hospital participating in the 340B Drug Program that fails to file a 340B Drug Program data set and/or meet the standard for data as defined in Chapter 340. The penalties equal \$100/day for the first week; \$250/day for the second week, \$500/day for the third week and \$1,000/day thereafter. It creates similar penalties for drug manufacturers that fail to disclose cost information about insulin.

It also sets out a \$1,000/day penalty for failure to remit the annual assessment. Finally, it sets out a \$500,000 penalty for misuse of MHDO data.

LD 538 - *An Act To Amend Maine's Prescription Drug Labeling Law By Allowing The Removal Of The Name Of A Prescriber Of Mifepristone, Misoprostol And Their Generic Alternatives* (PL 2025, Chapter 142).

This law provides that, at the request of the practitioner prescribing the drug, the prescription drug label for mifepristone, misoprostol and their generic alternatives may include the name of the health care facility that the practitioner is associated with instead of the name of the practitioner.

LD 558 - *An Act To Strengthen Consumer Protections By Prohibiting The Report Of Medical Debt On Consumer Reports* (PL 2025, Chapter 201).

This bill prohibits the reporting of medical debt on a consumer report and clarifies that medical debt has the same definition as currently used in the Maine Fair Debt Collection Practices Act. The amendment also prohibits a debt collector, debt buyer or an entity that provides health care services from reporting medical debt to a consumer reporting agency.

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LD 645 - *An Act To Change The Size And Composition Of The Board Of Directors Of The Maine Health Data Organization* (PL 2025, Chapter 16).

As enacted, this law changes the size of the Maine Health Data Organization board of directors from a board with 20 voting members and one nonvoting member to a board with 12 voting members and one nonvoting member. It changes the composition of the board by adding as a voting member a representative from the pharmaceutical industry and adding as the nonvoting member the executive director of the Maine Health Data Organization. It removes the provision regarding staggering of initial terms. Hospital seats will be reduced from 2 to 1.

LD 843 - *An Act To Continue Funding For The Health Insurance Consumer Assistance Program* (PL 2025, Chapter 369).

This law provides ongoing funding from the Bureau of Insurance to the Office of the Attorney General to contract with a designated nonprofit, independent health insurance consumer assistance entity to continue to operate the Health Insurance Consumer Assistance Program.

LD 899 - *An Act To Strengthen The Requirements For Medical Payments Coverage* (PL 2025, Chapter 102).

The law requires the assignment of medical payments coverage to be in writing on a form prescribed or approved by the Superintendent of Insurance.

LD 917 - *An Act Regarding Charges to Uninsured Patients for COVID-19 Vaccines* (PL 2025, Chapter 55).

As enacted, this law repeals the provision of law that prohibits health care providers from charging uninsured patients for administering a COVID-19 vaccine.

LD 985—*An Act To Impose A Moratorium On The Ownership Or Operation Of Hospitals In The State By Private Equity Companies Or Real Estate Investment Trusts* (PL 2025, Chapter 401—Emergency).

This law places a one-year moratorium on a private equity company or real estate investment trust from acquiring or increasing a direct or indirect ownership interest or operational control or financial control in a hospital in the State.

LD 1100 - *An Act To Clarify The Requirements For Accessing Nonformulary Drugs And Drugs Used To Treat Serious Mental Illness* (PL 2025, Chapter 473).

This law clarifies that if a drug shortage causes a formulary drug used for the treatment of serious mental illness to become unavailable, a carrier must approve an equivalent nonformulary drug for the period of time that the formulary drug is unavailable. The bill also eliminates a requirement that an enrollee in a health plan gain access to a clinically appropriate drug not otherwise covered by the health plan.

LD 1128 - *An Act To Modernize The Formulary For Naturopathic Doctors* (PL 2025, Chapter 150—Emergency).

As enacted, this law corrects an inconsistency in the membership of the formulary subcommittee of the Board of Complementary Health Care Providers by removing an outdated reference to a pharmacist member. The amendment requires that the formulary related to the prescriptive authority of naturopathic doctors must be updated by the formulary subcommittee of the Board of Complementary Health Care Providers and that the formulary subcommittee consult with pharmacist members of the Maine Board of Pharmacy. The amendment requires that the Board of Complementary Health Care Providers adopt the rule designating the formulary no later than January 1, 2026.

LD 1166 - *An Act To Change The Professional Title And Identification Of Physician Assistants To Physician Associates* (PL 2025, Chapter 316).

This law changes the professional title and identification of physician assistants to physician associates.

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LD 1195 –*An Act to Amend the Provisions of the Maine Workers' Compensation Act of 1992 Governing Requirements for Self-insurers (PL 2025, Chapter 53).*

As enacted, this law does the following to the Maine Workers' Compensation Act of 1992 governing requirements for self-insurers. 1. It removes the confidence level requirements for letters of credit for self-insureds. 2. It clarifies the notice period for nonrenewal of an irrevocable standby letter of credit. 3. It changes the requirements for when a draft on a letter of credit must be honored. 4. It clarifies how a group self-insurer may secure its obligations to the confidence level required. 5. It corrects "out-of-state insurer" to "out-of-state self-insurer." 6. It corrects an error related to group self-insurers. 7. It corrects a reference to Lloyd's of London. 8. It adds a requirement that the Superintendent of Insurance notify the Workers' Compensation Board if an authorization for self-insurance is terminated or suspended.

LD 1310 - *An Act To Amend The Laws Governing Insurance Coverage Of Preventive And Primary Health Services (PL 2025, Chapter 213).*

As enacted, this law amends the laws governing parity in cost sharing for primary care and behavioral health office visits to provide that those laws do not apply to group health plans that have no deductible, no coinsurance and out-of-pocket limits that meet the applicable federal requirements.

LD 1497 - *An Act To Amend The Laws Governing Primary Care Reporting By The Maine Quality Forum And To Establish The Primary Care Advisory Council (PL 2025, Chapter 218).*

As enacted, this law requires the Maine Quality Forum to report annually to the Department of Health and Human Services and to the Health and Human Services Committee and the Insurance Committee on the key measures reflecting the status of primary care in the State, including state investments in primary care as part of overall health care spending, the primary care workforce, timely access to primary care services and overall health data that reflects the use of preventive and screening services. It also establishes the Primary Care Advisory Council, which is required to perform research and assessment tasks to identify specific actions required to create a sustainable high-functioning primary care system in the State and to submit a report annually to DHHS and the HHS and Insurance Committees. One of the seats on the Advisory Council is for hospitals.

LD 1511- *An Act To Expand Direct Health Care Service Arrangements (PL 2025, Chapter 358—Emergency).*

Under current law, an individual can contract directly with a direct primary care provider, which is a licensed allopathic or osteopathic physician or other advanced health care practitioner who is authorized to provide primary care services, for the provision of health care to that individual. This bill removes the requirement that the physician or advanced health care practitioner be authorized to provide primary care services.

LD 1578 - *Resolve, To Establish The Commission To Evaluate The Scope Of Regulatory Review And Oversight Over Health Care Transactions That Impact The Delivery Of Health Care Services In The State (Resolve 2025, Chapter 106—Emergency).*

This resolve establishes the Commission to Evaluate the Scope of Regulatory Review and Oversight over Health Care Transactions That Impact the Delivery of Health Care Services in the State. The amendment requires the commission to:

1. Evaluate potential changes to the State's certificate of need laws, including, but not limited to, expanding the scope of review to the termination or disruption of health care services and changing the monetary thresholds that trigger review;

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2. Evaluate potential legislative changes to require regulatory review and oversight of substantial health care transactions, such as transfers of ownership or control, among hospitals, health care facilities and health care provider organizations; and

3. Evaluate the role of a private equity company or real estate investment trust taking a direct or indirect ownership interest, operational control or financial control of a hospital in the State.

The amendment directs the commission to report to the Joint Standing Committee on Health Coverage, Insurance and Financial Services no later than January 15, 2026 and authorizes the committee to report out legislation to the Second Regular Session of the 132nd Legislature.

LD 1580 – *An Act To Prohibit Carriers And Pharmacy Benefits Managers From Using Spread Pricing* (PL 2025, Chapter 291).

As enacted, this law prohibits so called spread pricing, which means amounts charged by a pharmacy benefits manager in excess of the ingredient cost for a dispensed prescription drug and the dispensing fee paid to the pharmacy or pharmacist less any pharmacy benefits management fee. The amendment provides that this prohibition applies to contracts entered into or renewed on or after January 1, 2026 and is repealed January 1, 2031.

LD 1687 - *An Act To Clarify And Increase Access To HIV Prevention Medications* (PL 2025, Chapter 483).

This law mandates that health insurance carriers are required to provide coverage for HIV prevention medications, including injectable preexposure prophylaxis drugs of any duration.

LD 1727 - *An Act To Ensure Transparency In Consumer Transactions Involving Artificial Intelligence* (PL 2025, Chapter 294).

As enacted, this law prohibits a person from using an artificial intelligence chatbot to engage in trade or commerce with a consumer in a manner that may mislead or deceive a reasonable consumer into believing that the consumer is engaging with a human being unless the consumer is notified that the consumer is not engaging with a human being. The amendment also clarifies the language used in the bill to be consistent with language used in the Maine Unfair Trade Practices Act.

LD 1757 - *An Act To Update The Laws Governing Osteopathic Physician Licensing* (PL 2025, Chapter 220).

As enacted, this law changes the laws governing osteopathic physicians to: 1. Remove the provision that requires the Board of Osteopathic Licensure to meet in June of each year and replace it with a requirement that the board hold regular monthly meetings and any additional special meetings; 2. Remove the provision that provides that a license to practice osteopathic medicine may not be granted except on an affirmative vote of a majority of the Board of Osteopathic Licensure; 3. Require applicants for licensure to meet minimum qualifications, including, for applicants who graduate from an accredited osteopathic medical school after 2025, graduation from an osteopathic medical school accredited by the Commission on Osteopathic College Accreditation, completion of at least 36 months in a graduate educational program approved by the Accreditation Council on Graduate Medical Education, achievement of a passing score on each component of the National Board of Osteopathic Medical Examiners' COMLEX-USA examination and payment of a license fee of up to \$600; and 4. Eliminate the word "fellow" from the laws governing temporary licensure.

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LD 1785 - *An Act To Require Health Insurance Carriers To Provide Contact Information For Employees Responsible For Negotiating Health Care Provider Contracts (PL 2025, Chapter 295).*

As enacted, this law requires that, upon a health care provider's request, the health insurance carrier provide the health care provider with contact information for the carrier's employee responsible for negotiating contract terms with the provider, including the fee schedule, at the time the contract is offered to the provider. It also requires a carrier to keep this information updated on the carrier's electronic portal for providers or, if the carrier does not have an electronic portal, by other means of electronic notification.

LD 1854 - *An Act To Require The Board Of Counseling Professionals Licensure, Board Of Dental Practice, Board Of Speech, Audiology And Hearing, Board Of Occupational Therapy Practice, State Board Of Social Worker Licensure, Board Of Osteopathic Licensure And Board Of Licensure In Medicine To Obtain Fingerprint-based Federal Bureau Of Investigation Criminal Background Checks For Initial Applicants And Licensees Seeking Compact Privileges (PL 2025, Chapter 366)*

This law does what the title says.

LD 1906 - *An Act To Improve Accountability And Understanding Of Data In Insurance Transactions (PL 2025, Chapter 487).*

This law:

1. It clarifies that claim forms or electronic claims transactions may be modified only as necessary to comply with the federal Health Insurance Portability and Accountability Act of 1996 and the federal Health Information Technology for Economic and Clinical Health Act of 2009.
2. It clarifies that data to be provided to a plan sponsor must be in the possession of the administrator or its agents.
3. It authorizes a plan sponsor to request information related to a high-cost claim that exceeds \$100,000 and provides that a high-cost claim is any claim that exceeds the threshold.
4. It requires a plan sponsor or its designee to request high-cost claims data within 2 business days of receiving the high-cost claim and requires an administrator to respond to a request within 30 business days.
5. It requires an administrator to provide claims data received by the administrator via electronic claims transactions.
6. It requires an administrator to provide itemized billing statements and medical records associated with specific high-cost claims if requested by a plan sponsor.
7. It specifies that a request for an audit must be made within 24 months of the end of each plan year to be audited and requires the plan sponsor to certify that its choice of auditor has adequate conflict of interest protection provisions to prevent conflicts of interest from adversely affecting the outcome of the audit.
8. It authorizes an administrator or pharmacy benefits manager to require that the plan sponsor and its auditor execute a nondisclosure and data use agreement that reasonably restricts the auditor's use of data to the sole purpose of conducting an audit on behalf of the plan sponsor. It also limits the amount of cybersecurity or liability insurance that can be required in the nondisclosure and data use agreement to no more than the administrator's or pharmacy benefits manager's limit of liability under the service agreement between the plan sponsor and the administrator or pharmacy benefits manager. It also states that an administrator or pharmacy benefits manager is not required to share data with an auditor that has previously breached a nondisclosure and data use agreement

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with that administrator or pharmacy benefits manager.

9. It provides that rebate amounts to be reported are those generated by claims processed through the plan administered by the pharmacy benefits manager.

10. It provides that an administrator or pharmacy benefits manager may not enter into any contract or network service agreement that would violate the provisions.

11. It places enforcement of the provisions exclusively under the Maine Unfair Trade Practices Act.

Health and Human Services Committee (21 new laws)

LD 63 - *An Act To Support Implementation Of Certified Community Behavioral Health Clinic Projects* (PL 2025, Chapter 10 - Emergency).

As enacted, this law requires funding appropriated in Public Law 2023, chapter 643 for certified community behavioral health clinic projects to be used to support the Medicaid services state share of funds needed for state-licensed mental health organizations to participate in the Certified Community Behavioral Health Clinic Medicaid Demonstration Program by the Centers for Medicare and Medicaid Services, in partnership with the Substance Abuse and Mental Health Services Administration.

LD 67 – *An Act To Establish Minimum Standards For Certain Urgent Care Facilities* (PL 2025, Chapter 129).

As enacted, the law establishes a licensing requirement for urgent care facilities. It provides a definition for "urgent care facility," which excludes a facility that is licensed as part of a hospital, provides services or accommodations for patients who stay overnight, is the location of the private office of a physician or dentist, or has a physician, physician assistant or nurse practitioner on site.

LD 84- *An Act To Improve The Coordination Of Health Care For Minors In State Care* (PL 2025, Chapter 332).

As enacted, this law gives DHHS workers access to HealthInfoNet. It extends to employees of the Department of Health and Human Services the permission to obtain confidential health care information for the purpose of coordinating health care for a minor in the department's custody. Only certain employees of the Department of Health and Human Services to whom permission to obtain confidential health care information for the sole purpose of coordinating health care for an individual who has not attained 18 years of age in the department's custody is given. The law also requires the department to request records directly from the individual's providers and allows access to information from a state-designated statewide health information exchange, but only to ascertain current health conditions, medications and immediate medical needs.

LD 94 - *An Act to Eliminate Miscarriage Reporting Requirements* (PL 2025, Chapter 42).

As enacted, this law eliminates the requirement that health care professionals must report to the Department of Health and Human Services each occurrence of a miscarriage of a fetus of less than 20 weeks gestation.

LD 143 - *An Act To Improve Women's Health And Economic Security By Funding Family Planning Services* (PL 2025, Chapter 443).

As enacted, this law provides a grant of \$3,000,000 the General Fund to be distributed by the Department of Health and Human Services to a single grantee to provide management and oversight of the delivery of family planning services.

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LD 167 – *An Act To Provide 2 Hearing Aids To Mainecare Members With Diagnosed Hearing Loss (PL 2025, Chapter 446).*

This bill requires the MaineCare program to provide reimbursement for a hearing aid for each hearing-impaired ear of an individual enrolled in the MaineCare program. Under current law, the MaineCare program provides reimbursement for a hearing aid for one hearing-impaired ear of an individual enrolled in the MaineCare program, with additional requirements as established by rule for coverage of a hearing aid for the 2nd hearing impaired ear.

LD 613 - *An Act to Amend the Maine Death with Dignity Act to Ensure Access by Qualified Patients (PL 2025, Chapter 375).*

This law allows an attending physician to waive a portion or all of a waiting period for qualified patients to access end-of-life medication based on the qualified patient's condition and the attending physician's medical opinion regarding the best interests of the qualified patient following a 7-day waiting period.

LD 689 - *An Act To Support The Northern New England Poison Center (PL 2025, Chapter 458).*

As enacted, this law appropriates \$50K to the Northern New England Poison Center to ensure continued access to 24-hour expert medical treatment advice and information on potentially harmful substances.

LD 710 - *An Act To Expand Access And Reduce Barriers To Access To Naloxone Hydrochloride And Other Opioid Overdose-reversing Medications (PL 2025, Chapter 145).*

As enacted, this law amends the laws governing the requirements for access to and distribution of naloxone hydrochloride or other opioid overdose-reversing medications. The bill removes training requirements for community-based drug overdose prevention programs and recovery residences and expands access by allowing municipalities to provide vending machines for use by the public in response to an opioid-related drug overdose. The bill further provides additional immunity protections for all persons who may administer naloxone hydrochloride or another opioid overdose-reversing medication to another individual in good faith when they believe the other individual is experiencing an opioid-related drug overdose. Lastly, the bill incorporates other opioid overdose-reversing medications in the provisions governing naloxone hydrochloride.

LD 764 - *An Act To Improve The Efficiency Of Certain Department Of Health And Human Services Licensing Investigations (PL 2025, Chapter 236).*

This law grants the Commissioner of Health and Human Services, the commissioner's delegate or the legal counsel for the Department of Health and Human Services the ability to issue a subpoena to obtain records and testimony relevant to a licensure violation investigation. This is consistent with authority already established in accordance with the Adult Protective Services Act and with other professional licensure boards.

LD 765 - *An Act To Amend The Laws Governing The Controlled Substances Prescription Monitoring Program (PL 2025, Chapter 37).*

As enacted, this law amends the laws governing the Controlled Substances Prescription Monitoring Program. It changes the definition of "prescriber" to mean a licensed health care professional or veterinarian with prescriptive authority, including a licensed health care professional or veterinarian who uses telehealth in providing health care to prescribe controlled substances to patients located in this State; removes the itemized list of required information to be reported to the program and provides the Department of Health and Human Services authority to specify and determine this information by rule; extends the annual reporting deadline from January 15th annually to April 15th

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annually; and repeals the one-time rule-making authorization and exception from 2017.

LD 865 - An Act To Require Mainecare To Reimburse For Lactation Services In The Homes Of Eligible Persons (PL 2025, Chapter 468).

As enacted, this law requires the Department of Health and Human Services to reimburse for lactation services. It requires the department to reimburse for services provided by lactation consultants certified by the International Board of Lactation Consultant Examiners.

LD 889 - An Act To Clarify The Release Of Information By The Department Of Health And Human Services In The Law Regarding Automatic Referrals (PL 2025, Chapter 330—Emergency).

As enacted, this law amends the automatic referral process DHHS is developing to increase the number of individuals served by the department who are referred to, or enrolled in, other income supplementation and assistance programs. This amendment allows an individual to opt out of authorizing the release of specific information concerning the individual to facilitate that automatic referral or enrollment.

LD 960 - Resolve, To Allow The Placement Of Hospitalized Patients In Nursing Facilities In Alternative Locations Under Certain Circumstances (Resolves 2025, Chapter 62).

As enacted, this Resolve requires the Department of Health and Human Services to amend its Section 67, Nursing Facility Services rule to allow for the placement of a MaineCare member, when the member is being discharged from a hospital to a nursing facility, into a nursing facility that is greater than 60 miles from a member's residence. The hospital must attempt to locate a placement within a 60-mile radius and document its efforts and any refusals from facilities, the member must be provided with 10 information on the State's long-term care ombudsman program if the placement is beyond 60 miles and the member must consent to a placement that is beyond 100 miles from the member's residence.

LD 977 – Resolve, Requiring The Maine Health Data Organization To Develop A Plan For Measuring Gaps In Home And Community-based Services (PL 2025, Chapter 113).

This resolve requires the Maine Health Data Organization to develop a plan for annual measurements of the gap between authorized care and the services actually provided for home and community-based services under the MaineCare program, state-funded programs and the forthcoming lifespan program using existing data.

LD 1157 - An Act To Amend The Laws Relating To The State's Background Check Center (PL 2025, Chapter 243).

This law updates certain definitions related to health care service providers and clarifies background check parameters and applicable roles and responsibilities in order to gain Federal Bureau of Investigation approval for the State to effectuate biometric-based background check capability. It clarifies requirements regarding privacy of federal conviction data. The law also updates the date that statutory changes take effect to align with the time of functionality of the system.

LD 1769 - An Act To Ensure Data Reporting For Temporary Nurse Agencies (PL 2025, Chapter 346).

As enacted, this law adds language to the definition of "temporary nurse agency" to include online platforms or marketplaces that advertise for and assist or facilitate placement of temporary nurses, certified nursing assistants or other qualified staffing in an organization within the State. It requires temporary nurse agencies to use the Department of Health and Human Services, Background Check Center for direct access workers. It provides that

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the department may enter into a consent agreement with an applicant or registrant to resolve any matter arising under the Maine Revised Statutes, Title 22, chapter 417, chapter 417-A or chapter 1691 or a rule adopted by the department without further proceedings.

LD 1866- *An Act To Amend The Laws Regarding The State-designated Agency Advocating For Individuals With Serious Mental Illness* (PL 2025, Chapter 349).

As enacted, this law requires the Department of Health and Human Services to contract with the protection and advocacy agency for persons with disabilities to carry out duties related to protecting the rights of individuals with serious mental illness in both institutional and community settings.

LD 1937 - *An Act To Require Hospitals And Hospital-affiliated Providers To Provide Financial Assistance Programs For Medical Care* (PL 2025, Chapter 488).

This law completely overhauls mandatory hospital charity care. It eliminates the existing law that requires the Department of Health and Human Services to adopt guidelines governing charity care and replaces it with several more mandates and requirements on hospitals.

It expands the eligibility to more people; it raises the mandatory FPL level from 150% to 200%; it changes the definition of income used to determine the FPL. It incorporates several of the federal requirements into state law but adds several new ones including a mandate to require the acceptance of applications online.

It also creates a new mandate to enter into payment plans with people with incomes up to 400% of the FPL.

The effective date of this Act is July 1, 2026.

LD 1945 - *An Act To Clarify Data Collection Processes In Health Care Facilities* (PL 2025, Chapter 255).

This law amends a law passed a few years ago. It provides that sexual orientation and gender identity data required to be collected by a health care facility is limited to an individual who is 19 years of age or older and that this data is collected when other demographic information is collected from such an individual. It removes language that describes the data required to be collected.

LD 1961—*An Act To Clarify The Laws Relating To The Licensure Of Certain Facilities By The Department Of Health And Human Services* (PL 2025, Chapter 305).

This law amends several provisions related to the licensing and regulation of various medical and social service entities by the Department of Health and Human Services.

Labor Committee (3 new laws)

LD 55—*An Act To Amend The Law Governing The Accrual Of Earned Paid Leave* (PL 2025, Chapter 438).

This law mandates that accrued and unused hours of earned paid leave from the previous year of employment must be available for use by an employee in the year of employment immediately following the previous year. Such time carried forward from the previous year of employment may not reduce the total amount of hours of paid leave an employee is entitled to earn in the year of employment immediately following the previous year, up to 40 hours or the accrual limit specified in the employer's policy governing paid leave, whichever is higher.

New Laws

LD 598 - *An Act To Require Minimum Pay For Reporting To Work* (PL 2025, Chapter 418).

This law provides that on any day an employee reports to work at the request of an employer and the employer cancels or reduces the number of hours in an employee's scheduled shift, the employee must be paid the lesser of 2 hours of pay at the employee's regular hourly rate of pay and the total pay for the shift for which the employee was scheduled. An employer that makes a documented good faith effort to notify an employee not to report to work is not liable to pay wages. Public employees subject to collective bargaining agreements are exempted from the law. The law does not apply when an employee is not required to work due to adverse weather conditions, a natural disaster, a civil emergency, an illness or medical condition of the employee or a workplace injury of the employee.

LD 894 - *An Act To Amend The Laws Governing Paid Family And Medical Leave* (PL 2025, Chapter 277).

This law amends the paid family and medical leave program as follows. 1. It clarifies that intermittent leave of an employee of less than one work day may not be taken unless it is agreed to by the employee and the employer. 2. It establishes in statute the Bureau of Paid Family and Medical Leave to administer the paid family and medical leave benefits program. 3. It establishes remedies for the Department of Labor to enforce the collection of delinquent premium contributions, penalties and assessments on employers that fail to make payments required by the program. 4. It establishes liability for individuals or organizations with respect to premium contributions, penalties and assessments owed by employers acquired by those individuals or organizations. 5. It establishes penalties for employers that allow private plan benefit coverage to lapse during a period of an approved private plan substitution.

LD 898 - *Resolve, To Support Rural Health Care Workforce Recruitment* (Resolve 2025, Chapter 50—Emergency).

As enacted, this resolve directs the Department of Labor to amend its Bureau of Labor Standards Rules Relating to Equal Pay to make clarifications under that rule to the definitions of "establishment" and "seniority system." Those rule changes must be finally adopted by the department no later than October 1, 2025.

Judiciary Committee (2 new laws)

LD 966 - *An Act Allowing Access By State Agencies And Hospitals To Certain Confidential Probate Court Records* (PL 2025, Chapter 18—Emergency).

As enacted, this law allows employees and legal counsel of the Department of Health and Human Services, the Office of the Attorney General, agencies designated by the Governor to provide protection and advocacy for persons with disabilities, private mental hospitals and hospitals access to confidential probate court records in adult guardianship, conservatorship and protective arrangement proceedings if the access is to carry out an official function, duty or responsibility in the public interest.

LD 983 - *An Act Regarding Service Of Notice Of Restricted Person Status To Hospitalized Patients* (PL 2025, Chapter 104).

This law amends the law governing hospital cooperation with law enforcement agencies to allow a law enforcement agency to request that a hospital provide access to a patient for purposes of notification of restricted person status for a person taken into protective custody by a law enforcement officer due to likelihood of foreseeable harm.

New Laws / Studies

Other Committees (6 New Laws)

APPROPRIATIONS:

LD 609 - *BUDGET Skinny Biennial + Supplemental (PL 2025, Chapter 2)*.

LD 210 – *Part 2 Budget/SFY 2025-2026 Supplemental/Biennial (PL 2025, Chapter 388)*.

EDUCATION:

LD 651 - *An Act to Codify the Maine Health Care Provider Loan Repayment Pilot Program (PL 2025, Chapter 180)*.

As enacted, this law eliminates the Maine Health Care Provider Loan Repayment Program and replaces it with an ongoing statutory program administered by the Finance Authority of Maine—the Maine Health Care Provider Loan Repayment Pilot Program.

CRIMINAL JUSTICE & PUBLIC SAFETY:

LD 176- *An Act To Authorize The Formation Of Emergency Medical Services Districts (PL 2025, Chapter 334)*.

As enacted, the law allows one or more other municipalities to form an emergency medical services district.

ENVIRONMENT & NATURAL RESOURCES:

LD 1065 - *An Act Regarding The Reduction And Recycling Of Food Waste (PL 2025, Chapter 419)*.

As enacted, this law provides that, beginning July 1, 2030, a designated food waste generator may not dispose of its generated food waste at an incineration facility or solid waste landfill and must to the maximum extent practicable reduce the volume of food waste it generates, separate and arrange for the donation of excess edible food and manage the remaining food waste it generates through agricultural use, composting or anaerobic digestion at the point of generation, at a different location or by transferring the food waste to an organics recycler for management. The Department of Environmental Protection may approve a temporary waiver from these requirements for a designated food waste generator based on undue hardship for a period not to exceed 3 years.

TAXATION

LD 1770—*Resolve, To Establish The Real Estate Property Tax Relief Task Force (PL 2025, Chapter 108 - Emergency)*.

This resolve creates the Real Estate Property Tax Relief Task Force to review a number of issues related to municipal property taxes, including state tax policy (which presumably includes non-profit exemptions).

Studies (3)

LD 1497 - *An Act To Amend The Laws Governing Primary Care Reporting By The Maine Quality Forum And To Establish The Primary Care Advisory Council (PL 2025, Chapter 218)*. [See page 9 for description.]

LD 1578 - *Resolve, To Establish The Commission To Evaluate The Scope Of Regulatory Review And Oversight Over Health Care Transactions That Impact The Delivery Of Health Care Services In The State (Resolve 2025, Chapter 106—Emergency)*. [See page 9 for description.]

Carryovers

LD 1770—*Resolve, To Establish The Real Estate Property Tax Relief Task Force (PL 2025, Chapter 108 - Emergency).*
[See above for description.]

The following bills will be taken-up during the Second Session in 2026.

Health and Human Services Committee (4 bills)

LD 1216 - *An Act To Improve Behavioral Health Crisis Services And Suicide Prevention Services*

LD 1583 - *An Act Regarding Home Health Care And Hospice Services Ordered By A Health Care Provider Outside Of Maine*

LD 1658 - *An Act To Preserve And Strengthen The Fund For A Healthy Maine*

LD 1772 – *An Act To Implement The Recommendations Of The Blue Ribbon Commission To Design A Plan For Sustained Investment In Preventing Disease And Improving The Health Of Maine Communities*

Insurance Committee (9 bills)

LD 35 – *An Act To Strengthen Local Emergency Medical Services By Increasing The Mainecare Reimbursement Rate For Ambulance Services*

LD 378 - *An Act To Strengthen The Health Care System In Maine* (Concept Draft – No Content)

LD 663 - *An Act Regarding Health Care* (Concept Draft – No Content)

LD 910 – *An Act To Collect Data To Better Understand The Consumer's Health Insurance Experience*

LD 961 – *An Act To Address Maine's Health Care Workforce Shortage And Improve Access To Care*

LD 1301 – *An Act To Prohibit The Use Of Artificial Intelligence In The Denial Of Health Insurance Claims*

LD 1530 - *An Act To Improve The Sustainability Of Emergency Medical Services In Maine*

LD 1803 – *An Act To Amend The Laws Governing Optometric Practice*

LD 1890 – *An Act To Facilitate The Development Of Ambulatory Surgical Facilities By Exempting Certain Facilities From The Requirement To Obtain A Certificate Of Need*

Labor Committee (3 bills)

LD 571 – *An Act To Improve Conditions For Maine Workers And Retirees* (Concept Draft – No Content)

LD 574 – *An Act To Improve Labor Conditions For Workers In The State* (Concept Draft – No Content)

LD 1587 - *An Act To Establish Greater Alignment Of Penalties For Certain Labor Law Violations*

Judiciary Committee (3 bills)

LD 595 - *An Act To Update Privacy Protections For Maine Consumers* (Concept Draft – No Content)

LD 1378 - *An Act To Protect Maine Communities By Enacting The Extreme Risk Protection Order Act*

LD 1822 - *An Act To Enact The Maine Online Data Privacy Act*

Other (3 bills)

Taxation: **LD 438** - *An Act To Allow Municipalities To Limit Nonprofit Property Tax Exemptions*

Criminal Justice Committee: **LD 882** - *An Act To Protect Communication With Providers Of Critical Incident Stress Management Peer Support*

House: **LD 1281** - *An Act To Address The Safety Of Nurses And Improve Patient Care By Enacting*

Carryovers

The Maine Quality Care Act

Appropriations Committee (26)

- LD 54** - *An Act To Require Employers To Disclose Pay Ranges And Maintain Records Of Employees' Pay Histories*
- LD 60** - *An Act To Allow Employees To Request Flexible Work Schedules*
- LD 105** – *An Act To Implement The Recommendations Of The Commission Regarding Foreign-trained Physicians Living In Maine To Establish A Sponsorship Program For Internationally Trained Physicians*
- LD 145** - *An Act Pertaining To Sales And Use Tax Exemptions For Durable Medical Equipment, Breast Pumps And Mobility-enhancing Equipment*
- LD 331** – *Resolve, Directing The Department Of Health And Human Services To Ensure Timely Reimbursement Under Mainecare Regarding Hospital Cost Reports*
- LD 496** – *An Act Regarding The Issuance Of Silver Alerts*
- LD 507**—*An Act To Authorize A General Fund Bond Issue To Fund Lifeflight Of Maine*
- LD 549** - *An Act To Establish A Statewide Sexual Assault Forensic Examination Kit Tracking System And Update Certain Requirements Regarding Sexual Assault Forensic Examination Kits*
- LD 581** – *An Act To Fund The Doctors For Maine's Future Scholarship Program*
- LD 599** – *An Act To Raise The Salary Threshold For Overtime Pay*
- LD 604** – *An Act To Ensure Access To Concurrent Methadone Treatment And Intensive Outpatient Programs*
- LD 608** - Budget (Concept Draft)
- LD 705** - Budget (Concept Draft)
- LD 721** - *Resolve, To Support The Full Implementation Of Certified Community Behavioral Health Clinics In The State*
- LD 780** - Budget (Concept Draft)
- LD 781** - Budget (Concept Draft)
- LD 799** - *An Act To Report Gender Wage Gaps*
- LD 896** – *An Act To Provide Young Children Stable Access To Health Care*
- LD 1277** - *An Act Regarding Controlled Substances Prescription Monitoring Activities*
- LD 1311** - *An Act To Expand Maine's Health Care Workforce By Improving Educational Opportunities*
- LD 1443** - *An Act To Ensure The Financial Stability Of Behavioral Health Service Providers And Housing Assistance Providers*
- LD 1496** - *An Act To Ensure Ongoing Access To Medications And Care For Chronic Conditions By Changing Requirements For Prior Authorizations*
- LD 1720** - *Resolve, Regarding Certified Nursing Assistant Examinations*
- LD 1816**—*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*
- LD 1948** – *An Act To Fund Mainecare*
- LD 1970** - *An Act To Amend The Laws Regarding Consent For HIV Testing And Disclosure Of Related Medical Information For Insurance Purposes*

Held By Governor (6)

- LD 61** - *An Act To Regulate Employer Surveillance To Protect Workers*
- LD 245** - *An Act To Implement The Recommendations Of The Blue Ribbon Commission To Study Emergency Medical Services In The State*
- LD 697** - *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*



Maine Hospital Association

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