Maine Medical Association

LEGISLATIVE SUMMARY

2021-2022

TABLE OF CONTENTS

PREFACE........ 3
TABLE OF SUMMARIZED BIILLS........ 4
BEHAVIORAL & MENTAL HEALTH........ 6
SUBTANCE ABUSE & TREATMENT........ **Error! Bookmark not defined.**
SCOPE OF PRACTICE........ 10
COVID-19........ 12
HEALTHCARE POLICY & FINANCING........ 14
PUBLIC HEALTH & PREVENTION........ 16
REPRODUCTIVE HEALTHCARE........ 18

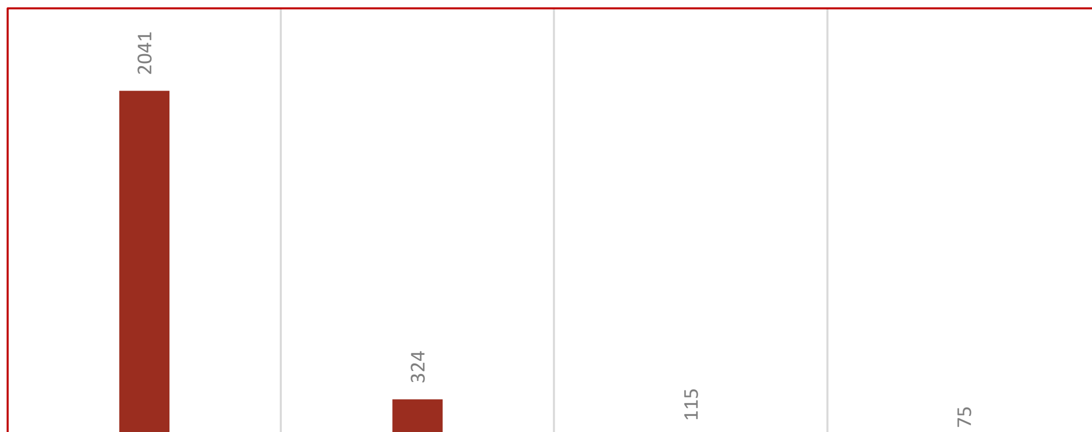
PREFACE

Since 1853, the Maine Medical Association has been about physicians, their patients and public health. Central to the MMA is advocating for the interests of Maine physicians and their patients. The MMA Advocacy team represents Maine physicians and their patients in legislature and the executive branch. The digest before you is a summary of important health-related laws that have passed the 130th Legislature or have already or will soon take effect. Maine laws take effect ninety days after the legislature adjourns. The 130th Maine Legislature of 2021-2022 had a total two thousand forty-one bills. This Digest consists of summaries of all bills of importance and their effective dates. The Digest is not a substitute for the test of the bills or for provisions of the Maine Revised Statutes but will give the reader a notice of and summary information on the recent changes.

TABLE OF SUMMARIZED BIILLS

BILL NO.	PRIME SPONSOR	BILL TOPIC	GOVERNOR'S ACTION	EFFECTIVE DATE	SESSION LAWS CHAPTER	PAGE
L.D. 1	President JACKSON of Aroostook	COVID-19 Patient Bill of Rights	Emergency Unsigned 3/25/21	3/25/21	28	14
L.D. 2	Representative TALBOT ROSS of Portland	Racial Impact Statements	Signed 3/17/21	10/18/21	21	16
L.D. 38	Senator CLAXTON of Androscoggin	Involuntary Mental Health Treatment Clarification	Signed 6/11/2021	10/18/21	165	8
L.D. 46	Representative TEPLER of Topsham	Consumer Protection from Surprised Medical Bills	Emergency Signed 6/16/21	6/16/21	222	16
L.D. 47	Representative BRENNAN of Portland	Funding for State's Free Health Clinics	Unsigned 6/15/21	10/18/21	458	17
L.D. 60	Representative TEPLER of Topsham	Minimum Amount of Emergency Refills of Insulin	Emergency Signed 3/17/21	3/17/21	20	18
L.D. 104	Representative BRENNAN of Portland	Requiring the Department of Education to Report Incidence of Concussions.	Signed 3/17/21	10/18/21	12	20
L.D. 118	Representative McCREIGHT of Harpswell	To Address the Shortage of Behavioral Health Services for Minors	Signed 6/14/21	10/18/21	191	8
L.D. 121	Senator CLAXTON of Androscoggin	Background Check Requirement for High-Risk Health Care Providers under MaineCare	Signed 7/6/21	7/6/21	400	17
L.D. 167	Senator POULIOT of Kennebec	Setting Late Medical Bill Limit to 6 Months	N/A	N/A ONTP		16
L.D. 265	Senator CARNEY of Cumberland	To Provide Women Access to Postpartum Care	Unsigned 7/15/21	10/18/21	461	22
L.D. 295	Representative PERRY of Calais	To Reduce Provisions for Advanced Practice Registered Nurses	N/A	N/A ONTP		13
L.D. 297	Representative McCREIGHT of Harpswell	Behavioral Health Definition	N/A	Leave to Withdraw		7
L.D. 323	Representative PERRY of Calais	Insurance Coverage for Telehealth Services	N/A	N/A ONTP		18
L.D. 861	Representative EVANS of Dover-Foxcroft	Training and Assessments Related to Protection From Substantial Threats	Signed 4/18/22	8/8/22	160	20
L.D.1196	Representative ZAGER of Portland	Reporting on Spending for Behavioral Health Care Services and Credentialing by Health Insurance Carriers	Signed 4/14/22	8/8/22	603	7

BILL NO.	PRIME SPONSOR	BILL TOPIC	GOVERNOR'S ACTION	EFFECTIVE DATE	SESSION LAWS CHAPTER	PAGE
L.D.1357	Senator CARNEY of Cumberland	Clarification of Postpartum Care Health Insurance Coverage.	Signed 5/2/22	8/8/22	691	21
L.D.1539	Representative MADIGAN of Waterville	Requiring Health Plans to Cover Fertility Care	Signed 5/2/22	8/8/22	692	21
L.D.1747	Senator BREEN of Cumberland	Cytomegalovirus Screening in Infants Requirement	Signed 5/2/22	8/8/22		19
L.D.1758	Representative MADIGAN of Waterville	Expanding Telehealth Behavioral Health Services during Public Health Emergency	Signed 4/20/22	8/8/22	637	6
L.D.1776	Representative ROEDER of Bangor	Allowing Pharmacists to Dispense Emergency Supply of Chronic Maintenance Drugs	Signed 4/7/22	8/8/22	566	12
L.D.1781	Senator CARNEY of Cumberland	Aligning MaineCare Postpartum Care Coverage with Federal Law	Signed 5/29/22	8/8/22	519	22
L.D.1848	Representative MADIGAN of Waterville	Defines "Prescriber" and Specifies who Assertive Community Treatment is Provided by	Signed 3/31/22	8/8/22	540	11
L.D.1855	Senator SANBORN of Cumberland	Point-of-Dispensing Sites for COVID-19 Vaccines	Emergency Signed 3/14/22	3/14/22	509	15
L.D.1858	Senator FARRIN of Somerset	Expanding EMS Persons Authorized Services to Provide	Emergency Signed 4/12/22	4/12/22	587	11
L.D.1862	Senator MAXMIN of Lincoln	Good Samaritan Law	Signed 5/3/22	8/8/22	724	10
L.D.1909	Representative McDONALD	Amending Syringe Service Programs	Signed 3/31/22	8/8/22	545	9
L.D.1910	Representative TEPLER of Topsham	Requiring Insurance Coverage for Certain Mental Health Treatment for Children	Signed 4/14/22	8/8/22	595	6
L.D.1931	Representative BRENNAN of Portland	Medication Administration in Schools, Prescription Medication and Devices for the Management of Diabetes	Emergency Signed 3/21/22	3/21/22	139	20
L.D.1954	President JACKSON of Aroostook	Ensuring Access to Prescription Contraceptives	Signed 4/14/22	8/8/22	609	22
L.D.2007	Senator CLAXTON of Androscoggin	Amyotrophic Lateral Sclerosis Incidence Registry	Signed 4/14/22	8/8/22	613	19
L.D.2008	Representative MADIGAN of Waterville	Committee to Study Court-ordered Treatment for SUD	Emergency Unsigned 5/8/22	5/8/22	183	9



BEHAVIORAL & MENTAL HEALTH

L.D. 1758 <u>Telehealth Accessibility for Behavioral Health Services Declared Health Emergencies</u>

Current law requires consent only in writing. This Act lifts that requirement of licensed healthcare facilities to obtain *written* informed consent from a patient receiving mental health services or substance use disorder treatment during a public health emergency. It allows for these licensed facilities to instead obtain consent for these services through *verbal*, *electronic*, or *written* means while requiring at least one form during a public health emergency.

EFFECTIVE August 8, 2022

L.D. 1910 <u>Requiring Insurance Coverage for Certain Mental Health Treatment for Children</u>

Amends section of law mandating offering coverall for certain mental illness to say mental health services coverage. It further amends to say that, at the request of a reimbursing insurer, a provider of medical treatment for mental illness shall furnish data sustaining that initial or continued treatment is medically necessary health are. An insurer may not deny treatment for mental health services that use evidence-based practices and are determined to be medically necessary health care for an individual 21 years of age or younger. The Act defines "evidence-based practices" as clinically sound and scientifically based policies, practices and programs that reflect expert consensus on the prevention, treatment and recovery science, but not limited to, polices, practices, and programs publics and disseminated by the Substance Abuse and Mental Health Services Administration and the Title IV-E Prevention Services Clearinghouse within the U.S. Department of Health and Human Services, the What Works Clearinghouse withing the U.S. Department of Education, Institute of Education Services and the California Evidence-Based Clearinghouse for Child Welfare.

Note: This has an emergency clause and took effect when approved.

EFFECTIVE April 14, 2022

L.D. 1196 <u>Reporting on Spending for Behavioral Health Care Services and Credentialing by Health Insurance Carriers</u>

Beginning January 25, 2023, and annually thereafter, the forum has to submit a report to the Department of Health and Human Services and the legislative committee on health coverage and health insurance matters on behavioral health care spending using claims data from the Maine Health Data Organization and information on the methods used to reimburse behavioral health care providers requested annually from

payors. The report must include: total medical expenditures, percentage paid for behavioral health care by commercial insurers, the MaineCare Program, Medicare, the organization that administers health insurance for state employees ad the Maine Education Association benefits trust and the average percentage of total medical expenditures paid for behavioral health. It shall also include the total behavioral health care-related nonclaims-based payments and associated member months and the total payments associated with substance use disorder services that are redacted from the payor's claims data submissions to the Maine Health Data Organization. Within 60 days of a request from the Maine Health Data Organization, a payor shall provide the supplemental datasets specific to payments for behavioral health care services necessary to provide the information required.

Part B of the law requires carriers to make credentialing decisions within 60 days of receiving a completed credentialing applications from a provider. Withing 30 days of receiving the application, a carrier must review the entire application and if it is incomplete, they must return it to the provider for corrections with a comprehensive list of all corrections needed. A carrier that is unable to make a credentialing decision within 60 days must notify the bureau in writing prior to the expiration of the 60-day period on that application and request authorization for an extension.

EFFECTIVE August 8, 2022

L.D. 297 <u>Behavioral Health Definition</u>

This act defines "behavioral health" in Maine Revised Statues as including but not limited to a wide range of mental health disorders and illnesses, substance misuse, substance use disorder and developmental disabilities, including autism spectrum disorder. This was voted 'Leave to Withdraw' on March 10, 2021 which is the unanimous vote to withdraw the bill before a public hearing. This was largely due to the need for more information.

Leave to Withdraw

L.D. 118 <u>To Address the Shortage of Behavioral Health Services for Minors</u>

Each year on January 1st, the department must report to the joint standing committee of health and human services on the following matters:

- The operation of the program, including the number of children and families served and their residencies, any waiting lists, the progress of the department in implementing improvement strategies and appeals procedures requested;
- Initiatives in acquiring and using federal grant funding;
- The number of children serviced by crisis providers and the number of children who waited for the appropriate level of behavioral health treatment in a hospital emergency room during the preceding year. The department must make a reasonable effort to obtain information from providers, including creating a standardized system for reporting data. The data collected must protect confidentiality of all persons to the extend of current state or federal law or rule.

The department must also work with hospitals to develop a consistent and reliable system of data definitions and data collection to identify the number of children with behavioral needs who remain in hospital emergency rooms after they no longer need medical hospital level of care.

EFFECTIVE October 18, 2021

L.D. 38 <u>Involuntary Mental Health Treatment Clarification</u>

This act provides that the order of the clinical review panel at a designated nonstate mental health institution may be reviewed by the commissioner or the commissioner's designee upon receipt of a written request from a patient submitted no later than one business day after the patient receives the order of the clinical review panel. The nonstate mental health institution must submit the full clinical review panel record to the commissioner or the commissioner's designee and within 3 business days of the request for review, the patient and the mental health institution may submit written arguments to the commissioner or the commissioner's designee. The commissioner will then review the evidence and within three business days shall issue a decision. **EFFECTIVE** October 18, 2021

SUBSTANCE USE DISORDER & TREATMENT

L.D. 2008 **Committee to Study Court-ordered Treatment for SUD**

The original bill established a court process to require a person with substance use disorder (SUD) to participate in SUD treatment. After opposition from the recovery community and testimony by the MMA and other healthcare organizations suggesting the bill lacked an evidence-based approach, legislators passed significant amendments to this bill. The amendments struck out much of the bill's substance. The bill, which was passed without a Governor's Signature, establishes a 16-member committee to study court-ordered treatment for SUD to explore legal issues and medical best practices. The Committee will report its findings to the Judiciary Committee during the First Regular Session of the 131st Legislature. It has a fiscal note attached that includes approximately $3,250 to fund this committee until the end of FY 2022-2023.

Note: This has an emergency clause and took effect when approved.

EFFECTIVE May 8, 2022

L.D. 1909 **Amending Syringe Service Programs**

This Amendment provides that the Maine Center for Disease Control and Prevention may limit the number of hypodermic needles provided by certified hypodermic apparatus exchange programs. The original bill language stated the program *may not* limit the number of hypodermic apparatuses given to participants but was amended to state the Maine CDC could limit the number of hypodermic needles and specified it must be from a certified hypodermic apparatus exchange program.

EFFECTIVE August 8, 2022

L.D. 1862 **Good Samaritan Law**

This law provides immunity from arrent, prosecution, revocation and termination proceedings for certain individuals when aiding an individual suspected of having a drug-related overdose. The immunity provisions apply for the duration of the emergency medical services and law enforcement response and end when the medical professional or law enforcement officer leaves the location of the medical emergency. The protect person must be "rendering aid" to the individual suspect of having a drug-related overdose. "Rendering aid" is defined in the law as "performing any action that involves looking after a person who is experiencing a suspected drug-related overdose while the person performing the action is awaiting the arrival of a medical professional or law enforcement office to provide assistance", this includes giving first aid or the administration/assisting of administration of naloxone hydrocholoride. A protected person is immune from arrent and prosecution for most non-violent crimes, including all drug crimes. They are also immune from revocation and violation of conditions of release, probation, supervised community

confinement, community confinement monitoring, deferred disposition, and administrative release. A crime that DOES NOT quality for this immunity are the following:

- All violent crimes (murder/manslaughter, violation of protection from harassment order, domestic violence)
- All sex crimes (unlawful sexual contact, sexual abuse of minors, gross sexual assault, sex trafficking, incest)
- All crimes against children (abandonment of a child, endangering the welfare of a child
- Unlawful transfer of a handgun to a minor
- Robbery
- Conspiracy to commit a crime listed above, criminal attempt and criminal solicitation to commit a crime listed above.

A criminal defendant may move that the court prior to trail determine whether the defendant is immune from prosecution or revocation or termination proceedings. Once the defendant has filed a motion and presented evidence, the burden of proof is on the prosecution to present clear and convincing evidence that the grounds for immunity do not apply.

EFFECTIVE August 8, 2022

SCOPE OF PRACTICE

L.D. 1848 <u>Defines "Prescriber" and Specifies Providers of Assertive Community Treatment (ACT) Team</u>

This Act replaces the term "psychiatrist" with the term "prescriber" to include all types of behavioral health professionals that are employed in that role on an Assertive Community Treatment (ACT) Team. Further, it allows for a licensed practical nurse to be included on an ACT team in lieu of a registered nurse if the prescriber is not a certified nurse practitioner.

The bill defines 'prescriber' as "a licensed health care provider with authority to prescribe, including a licensed physician, certified nurse practitioner or licensed physician assistant who has training or experience in psychopharmacology." The importance of including multidisciplinary staff specializing in mental health, which is outlined in the ACT model, was noted by MMA to achieve the outcome objectives of the bill. The language of the bill, "a licensed health care provider with authority to prescribe… who has training or experience in pharmacology" may encompass ACT teams to have numerous clinicians who may not have the full breadth of necessary education and training to provide the complex care needed for this patient population.

An amendment narrowed the scope slightly by striking the condition that a licensed practical nurse may be substituted for a registered nurse if the prescribed is not a certified nurse practitioner.

EFFECTIVE August 8, 2021

L.D. 1858 <u>Expanding EMS Persons Authorized Services to Provide</u>

This Act specifies that an EMS provider, whether directly employed or as a contracted agent working under a physician falls under the physician's authority and therefore the Maine Board of Osteopathic Licensure and Maine Board of Medicine when working as a medical assistant outside of their EMS role. And when performing their EMS role, they fall under the authority of Maine EMS.

- Clarified criteria for which licensed persons may provide medical services in health care facility settings
- Authorizes EMS people to provide services described in a pilot project approved by the EMS board which
- Directs board of licensure, in consultation with the Emergency Medical Services' Board and interested stakeholders, to develop guidance under which physicians and physician assistants may delegate activities to an individual acting contemporaneously to a

contractual arrangement as a medical assistant under delegated authority and as a licensed emergency medical services person

Note: This has an emergency clause and took effect when approved.

EFFECTIVE April 12, 2022

L.D. 1776 Allowing Pharmacists to Dispense Emergency Supply of Chronic Maintenance Drugs

This act expands a pharmacist's ability to prescribe an emergency supply of chronic maintenance drugs by allow an emergency supply to be given *without* a current, valid prescription from a practitioner **if** the following conditions apply:

- The pharmacy has a record of a prescription for the chronic maintenance drug in the name of the patient requesting the emergency supply, including the amount prescribed in the most recent prescription;
- The pharmacist attempts but is unable to obtain authorization to refill the prescription from the practitioner who issued the prescription;
- The pharmacist, in their professional judgement, determines the chronic maintenance drug is essential sustain the life of the patient or continue therapy for a chronic condition;
- The amount of the chronic maintenance drug dispensed DOES NOT exceed a 30-day supply as provided in the prescription, or the drug DOES NOT exceed the smallest standard unit of dispensing (in the case the standard unit of the drug exceeds a 30-day supply);
- Schedule III or IV drugs DOES NOT exceed a 7-day supply;
- The chronic maintenance drug IS NOT a controlled substance included in Schedule I or II;
- The pharmacist has not dispensed the chronic maintenance drug in an emergency supply more than twice in the preceding 12 months.

The pharmacist must notify the practitioner who issued the prescription or another practitioner for the patient's care no later than 72 hours after the emergency supply was dispensed. A practitioner may include on the prescription that NO EMERGENCY SUPPLY IS PERMITTED, and the pharmacist must abide by this.

EFFECTIVE August 8, 2022

L.D. 295 To Reduce Provisions for Advanced Practice Registered Nurses

This bill would have eliminated a provision in law that requires a certified nurse practitioner who qualifies as an advanced practice registered nurse to practice for at least 24 months under the supervision of a physician or supervising nurse practitioner or be employed by a clinic or hospital that has a medical director who is a licensed physician. The bill further by wanting to eliminate the requirement that a certified nurse practitioner must complete 24 months of supervised practice to be a supervising nurse practitioner. This bill would allow APRNs the ability to provide medical care without any physician involvement, including newly graduated APRNs.

The Maine Medical Association and the American Medical Association submitted testimony opposing this bill as it would lessen requirements set to provide quality and safe care to patients. Postgraduate on-site clinical training is an invaluable part of a clinician's continuing educational experience and provides opportunities to strengthen real-world skills outside of the classroom. Physicians abide by the highest standard of training requirements to ensure the safety of the patient. This standard should be held for all who provide care. With the input of the MMA and AMA, the committee voted **OUGHT NOT TO PASS.**

OUGHT NOT TO PASS By Joint Standing Committee on Health Coverage, Insurance and Financial Services

COVID-19

L.D. 1 COVID-19 Patient Bill of Rights

The COVID-19 Patient Bill of Rights providers protections for health care consumers. It prohibits balance billing, if an out-of-network provider reimbursed for a surprise bill or a bill covered emergency services may not bill an enrollee for health care services beyond applicable coinsurance, copayment, deductible, or other out-of-pocket cost expect that would be imposed for the health care services if the services were rendered by an in-network provider. If the out-of-network provider receives payment for healthcare services for which is patient is not responsible for (covid related) then the provider shall reimburse the patient within 30 days. If the out-of-network provider fails to reimburse they shall pay interest on the overpayment at a 10% per annum rate.

The law follows that for any COVID-19 screening and testing the provider must provide notice of any payment or upfront charges; provider the form requesting coverage from the department through emergency Maine Care coverage (if applicable) and inform any patient who will be required to make a payment or upfront charge that there are locations where COVID-19 screening, and testing are provided for free. Any charges to uninsurance patients for COVID-19 services are prohibited and all carriers offering a health plan must provide coverage for testing and immunization without any deductible, copayment, or other cost-sharing requirement.

Part B provides coverage of prescriptions during a declared emergency by the Governor. A carrier must provide coverage for the furnishing or dispensing of a prescription drug in accordance with a valid prescription issued by a provider in a sufficient quantity, not to exceed 180-day supply. A pharmacist licensed in Maine who meets the qualifications and requirements may administer and order the COVID-19 shot.

Part C provides that the Governor must ensure, during a declared emergency, medical privacy and confidentiality, and that health care services and surgeries are not considered to be nonessential services.

The last section of the enacted law details permitted delegation of COVID-19 vaccine administration at point-of-dispensing vaccine sites for vaccines against COVID-19. Any on-site clinician in charge of a point-of-dispensing vaccine site with a memorandum of understanding that complies with the requirements may delegate administration of COVID-19 vaccines within the State to employees, staff, agents, or volunteers if the clinician is a licensed physician, advanced practice registered nurse, or physician assistant and the delegated person is under their supervision. Records must be kept of a period of three years of the name of

whom vaccine administration was delegated and evidence of each individual's completion of the required training and observation.

Note: This has an Emergency Clause and took effect when approved.

EFFECTIVE March 25, 2021

L.D. 1855 Regarding Vaccine Distribution Sites for COVID-19 Immunizations

Enacted March 16th, 2022. This bill carries an emergency preamble which causes its contents to go into effect immediately after it is enacted. Allows protections for permitted COVID-19 vaccine administration at point-of-dispensing sites (vaccine distribution clinics) outside of a State of Maine declared emergency. Previous laws only allow point-of-dispensing sites during a declared state of emergency. This law recognizes that the pandemic is not over and allows for increased flexibility while providing reasonable oversight requirements to ensure safety. The legislation maintains requirements that point-of-dispensing sites must operate in accordance with a written memorandum of understanding with DHHS, ME-CDC, and meet requirements for oversight and training.

Note: This has an emergency clause and took effect when approved.

EFFECTIVE March 16, 2022

HEALTHCARE POLICY & FINANCING

L.D. 2 Racial Impact Statements

This act provides implementation of the racial impact statement process pilot project which studies: what other states have done with racial impact statements; data, analysis and other information needed to provide a racial impact statement; policy areas that would benefit from the use of racial impact statements; costs associated with implementation; and any other relevant information to be considered by the Legislative Council. The racial impact statement is a tool to determine if a proposed bill may have adverse effects on historically disadvantaged racial and ethnic groups. The study was to be completed no later than November 1, 2021 and a report was presented of its findings. The findings will be sed as the basis for implementing racial impact statements for future legislatures.

EFFECTIVE October 18, 2021

L.D. 46 Consumer Protection from Surprised Medical Bills

This act provides a carrier shall reimburse the out-of-network provider or enrollee, as applicable, for health care services rendered at the carrier's median network paid rate for that health care service by a similar provider or the median network rate paid by all carrier for that health care service by a similar provider in the geographic area where the service was provider, whichever is greater. Following the determination of a reasonable fee, an out-of-network provider may not initiate the dispute resolution process for that same health care service for a period of 90 days.

Note: This has an Emergency Clause and took effect when approved.

EFFECTIVE June 16, 2021

L.D. 47 Funding for State's Free Health Clinics

This act directs the Department of Health and Human Services to provide grants to the State's free health clinics (FY 22: $40,000 FY 23/24: $50,000) and to develop criteria to be met by the free health clinics. As a condition, the clinics must, no later than December 25, 2021, report information about how the grant funding would be used by the clinic to the department.

EFFECTIVE October 18, 2021

L.D. 167 Setting Late Medical Bill Limit to 6 Months

Bill would have prohibited a health care entity, including health care practitioners and hospitals and other health care facilities, from charging for health care services when a billing statement has not been provided within 6 months of the date the patient received health care services. This was voted OUGHT NOT TO PASS in committee. This bill was identical in text to LD 367, both of which the Maine Medical Association was opposed. In most cases, medical offices do not bill a patient directly until the remit or the explanation of benefits in received. Circumstances where claims frequently take longer than 6 months are cases of workers compensation, motor vehicle accidents, Tricare, Mainecare & Medicare, and certain types of high deductible plans and claims where there is a primary and a secondary payer. The bill was not clear in what constituted 'bill a patient' and concerns arose regarding necessary administrative cycles some claims must go through that may take longer than 6 months. Overall, the bill would have negatively impacted medical practices and their patients and thus the MMA worked to stop it.

OUGHT NOT TO PASS

L.D. 121 Background Check Requirement for High-Risk Health Care Providers under MaineCare

The department will request a background check for MaineCare provider applicants who are high-risk providers or in high-risk provider categories as those terms are defined by department rule. The background check must include criminal history record information obtained from the Maine Criminal Justice Information System and the Federal Bureau of Investigation. A provider applicant must have fingerprints taken by the State Police upon payment. All information obtained is confidential and only for official use. An individual whose enrollment as a MaineCare provider has expired and who has not applied for renewal may request in writing that the State Bureau of Identification remove the individual's fingerprints from the bureau's fingerprint file.

Rule Requirement for High-Risk providers: Under Title 22, section 5307

EFFECTIVE October 18, 2021

L.D. 60 Minimum Amount of Emergency Refills of Insulin

Current law authorized a pharmacist to dispense emergency refills of insulin and associated insulin-related supplies. This law requires the insulin dispensed must be in a quantity that is at least a 30-day supply unless the intended recipient requests a lesser quantity upon consultation with the pharmacist. The recipient will provide a previous prescription from a practitioner and attest that a refill of that previous prescription may not be readily available or easily obtained under the circumstances. The pharmacist, upon receiving the prescription from a practitioner, will immediately notify the practitioner that an emergency refill of insulin was dispensed and instruct the recipient to seek a follow-up with their physician as soon as possible. The board by rule shall establish standards for authorizing pharmacists to dispense insulin in this way and protocols for notifying practitioners when emergency refills of insulin are dispensed.

Note: This has an Emergency Clause and took effect when approved

EFFECTIVE March 17, 2021

LD 791 Continuation of Telehealth Allowances Resulting from the Pandemic

The MMA worked directly with Representative Patty Hymanson (York; retired neurologist) on introducing to maintain advances, and potentially expanding access, to telehealth services resulting from the COVID-19. The bill (LD 333) was voted Ought Not to Pass in committee however, the general content was folded into LD 791, An Act Regarding Telehealth Regulations which was used as a vehicle for nearly a dozen other telehealth related bills before the Legislature.

MMA goals contained in LD 333 were to:

- Authorized audio-only telehealth.
- Clarify that reimbursement must be made on the same basis and same rate as in person care.
- No separate deductible limits can be applied by insurance carriers that are not applied in aggregate with other services.
- Prohibit more restrictive prescription requirements by insurance carriers for prescriptions written through virtual care.

EFFECTIVE June 21, 2021

PUBLIC HEALTH & PREVENTION

L.D. 1747 Cytomegalovirus Screen Requirement in Newborns

The Department will establish a cytomegalovirus screening program for newborn infants. A heath care provider that tests for causes to be tested a newborn infant will report to the department the aggregate data, including the number of infants born, the number tested, the results, the testing, and the type of screening. The department will also provide public educational resources to pregnant individuals and individual who may become pregnant that includes information regarding the incidence rate, the transmission during and before pregnancy, birth defects caused, methods of diagnosing, available preventive measures and resources for the family. The Department will accept and may solicit medical associations or community resources in developing these educational materials. The Act includes a religious objection exception. No later than 3 years after the final adoption of the rules, the Department on Health and Human Services must convene a stakeholder group of clinicians and researchers with the knowledge of cytomegalovirus to review the screening program and to consider changes. The department will provide an update on this review process to the health and human services committee.

EFFECTIVE August 8, 2022

L.D. 2007 Amyotrophic Lateral Sclerosis Incidence Registry

The Maine Center for Disease Control and Prevention will maintain and operate a statewide amyotrophic lateral sclerosis incidence registry. A physician, surgeon, nurse practitioner, physician assistant, or other health care practitioner and a hospital or other health care facility that screens for, diagnosis or provides therapeutic services to patients with amyotrophic lateral sclerosis must report to the department all persons diagnosed as having amyotrophic lateral sclerosis no later than 6 months from the diagnosis date. The report must include information on each person's usual occupation and industry or employment and other appropriate elements. The registry is confidential and may be disclosed only in aggregated, de-identified forms. The department may establish data sharing and protection agreements with the state, regional and national amyotrophic lateral sclerosis registries for bidirectional data exchange in a manner consistent with state and federal laws. The department will also prepare and submit an annual report containing statewide prevalence and incidence estimates to the Governor; the information may not contain anything that directly or indirectly identifies individual persons.

EFFECTIVE August 8, 2022

L.D. 861 Training and Assessments Related to Protection from Substantial Threats

This resolve directs the Department of Public Safety to develop and conduct training programs on the protection from substantial threats process, referred to as “the temporary weapons removal process”. In 2022 the Department will conduct one mandatory training program for all law enforcement officers on the temporary weapons removal process. In 2023 and 2024, the department will conduct at least one voluntary training program for law enforcement officers per year. The training program will be offered to hospitals, behavioral health agencies, assertive community treatment teams, all providers, District attorneys, and representatives of the judicial branch. The department will invite hospitals (individual and associations) and service providers to participate in developing materials for the training program. The department will report about participation, materials, identification of telehealth services, number of temporary weapons removal assessments per month, number conducted in person and by telehealth, the number of assessments that recommend temporary weapons removal and what that was based on, and the number of temporary weapons removal assessments requested by law enforcement officers.

EFFECTIVE August 8, 2022

L.D. 1931 **Rule for Medication Administration in Maine Schools for Department of Education**

The final adoption of a rule providing direction and guidance for school nurses and training requirements for licensed school staff for medication administration. The new provisional rule includes amendments covering prescribed medications or devices for the management of diabetes and direction for students to use sunscreen as well as provides guidelines for schools who intend to make naloxone available in the case of suspected opioid overdose. The amendment to this bill allows for minor grammatical, formatting, and other non-substantive editing changes.

EFFECTIVE August 8, 2022

L.D. 104 **Requiring the Department of Education to Report Incidence of Concussions**

This law requires the commissioner, in consultation with an organization representing the school principals, to report no later than January 31. 2022 and annually thereafter of any data on the incidence of concussions sustained by student athletes in the State using existing or new data collection systems. The report must also include recommendations on best practices for the collection of data.

EFFECTIVE October 18, 2021

REPRODUCTIVE HEALTHCARE

L.D. 1357 Clarification of Postpartum Care Health Insurance Coverage

This Act requires an insurer that issues individual contracts and group contracts to cover 12 months following childbirth for postpartum care services and support that meets recommendations of the American College of Obstetricians and Gynecologists outline in "Optimizing Postpartum Care" opinion published May 2018. The coverage must include development of a postpartum care plan; contact with patient within 3 weeks of the end of pregnancy; a comprehensive postpartum visit; treatment of complication of pregnancy and childbirth; assessment of risk factors for cardiovascular disease; and care related to pregnancy loss. A health maintenance organization that issues individual and group contracts must also provide the same coverage. The Act applies to all policies, contract and certificates executed, delivered, issued for delivery, continued, or renewed in this State on or after January 1, 2023.

EFFECTIVE August 8, 2022

L.D. 1539 Requiring Health Plans to Cover Fertility Care

This Act requires a carrier offering a health plan in this state to provide coverage for fertility diagnostic care, fertility treatment, and fertility preservation services. A health carrier may impose reasonable limitation to coverage of these services but may not impose a waiting period, requirement of prior diagnosis or prior fertility treatment on the basis of excluding/restricting availability or impose different limitations on coverage on a class of persons protected under Title 5, ch. 337. Any limitations imposed by a carrier must be based on an enrollee's medical history and clinical guidelines by the carrier. Any of those guidelines used by the carrier must be based on current guidelines developed by the American Society for Reproductive Medicine. Any experimental fertility procedures, nonmedical costs related to donor gametes, embryos or surrogacy are not required services.

EFFECTIVE August 8, 2022

L.D. 1781 Aligning MaineCare Postpartum Coverage with Federal Law

This Act amends the current MaineCare postpartum coverage by expanding the qualifying income level to 209% of the official nonfarm income poverty line (from 200%). It also extends coverage for eligible persons from 6 months post-delivery to 12 months as long as coverage is allowable by federal law. It makes the same changes for a person who is otherwise eligible who is a noncitizen legally admitted to the U.S, giving coverage if the person is a woman during her pregnancy and up to 12 months following delivery or a child under 21 years of age.

Note: The law takes effect August 8, 2022, but the law specifies the change in coverage begins August 1, 2022.

EFFECTIVE August 8, 2022

L.D. 265 <u>To Provide Women Access to Postpartum Care</u>

The Act provides women access to affordable postpartum care; the coverage expands each time segment. For the time beginning January 1, 2022, until June 30, 2022, a qualified women during her pregnancy and up to 6 months following delivery if the women's family income meets or is below 200% of the official poverty line. For the year beginning July 1, 2022, and until June 30, 2023, a qualified women during her pregnancy and up to 9 months following delivery when the women's family income is at or below 200% of the official poverty line. Finally, beginning July 1, 2023, and until December 21, 2026, a qualified women during her pregnancy and up to 12 months following delivery when the women's family income is equal or below the official poverty line. The coverage also apples the same for noncitizens legally admitted to the United States during the women's pregnancy and up to 6/9/12 months following delivery or a child under 21 years of age. The state appropriated $142, 080 for the 2021-22 fiscal year and $497,280 for the 2022-23 fiscal year.

EFFECTIVE October 18, 2021

L.D. <u>1954 Ensuring Access to Prescription Contraceptives</u>

Requires health insurance policies and HMOs to cover all contraceptive drugs, devices, and products approved by the FDA without any deductible, coinsurance, copayment, or other cost-sharing measures. Coverage must be provided for the furnishing or dispensing of prescribed contraceptive supplies intended to last for a 12-month period. There is minimal financial considerations to be made for this legislation but any additional costs to the State Employee Health Plan can be absorbed within existing budgeted resources.

EFFECTIVE August 8, 2022