OMNE – Nursing Leaders of Maine
Legislative Update
September 2019

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Chairperson OMNE Legislative Committee
Overview

- Maine’s Nurse Legislators
- Summary of the 129th Legislature
- Overview of New Laws of Interest to Nursing
Maine’s Nurse Legislators

- Retired Nurse Practitioner from Calais
- 6th Term as a Legislator
- Serves on the HHS Committee

- Registered Nurse from Eliot
- 1st Term Legislator
- Serves on the HHS Committee
Summary of 129th Legislature 1st Session

- It was a very busy legislative session with 1,846 bills submitted.

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<tbody>
<tr>
<td>Bills Filed</td>
<td>1,846</td>
<td>1,646</td>
<td>1,455</td>
<td>1,577</td>
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<td>Bills Enacted</td>
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<td>350</td>
<td>442</td>
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<tr>
<td>% Enacted</td>
<td>35%</td>
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<td>30%</td>
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<td>Bills Carried Over</td>
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<td>176</td>
<td>213</td>
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<td>Bills Rejected</td>
<td>783</td>
<td>977</td>
<td>837</td>
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Unfortunately faculty are among the oldest nurses in Maine with 24% of faculty over the age of 60. Educational programs face a compounding challenge as they work to hire nursing faculty needed to fill positions due to retirement AND positions to grow nursing program capacity.

Maine currently has nearly 30 vacant faculty positions and often recruits nationally to bring faculty to Maine.
LD 799 An Act To Increase Faculty in Nursing Education Programs

- Original bill provided funding for the Nurse Faculty Loan Repayment program
- The Innovation, Development, Economic Advancement & Business Committee amended the bill
- The new bill creates the Maine Health Care Provider Loan Repayment Program Fund managed by FAME
- Nursing educators are prioritized, $1M appropriation and priority workforce in future funding
- Carry over bill in the Appropriations Committee
The commission shall study and make policy recommendations in each of the following areas:

- A. Measuring current demand for direct care workers and projecting future needs
- B. Developing a campaign and statewide recruitment strategies to encourage more people to work in facility-based and home-based long-term care
- C. Supporting career ladders throughout various long-term care settings
- D. Identifying education needs and methods to fill education needs for direct care workers
- E. Identifying barriers to hiring and methods to overcome barriers to hiring
- F. Developing strategies to improve the quality of long-term care jobs
- G. Increasing opportunities for shared staffing among long-term care providers.
Rural Hospitals at Risk – New Law

An Act to Improve Rural Health Care

- MaineCare cost based reimbursement for services provided by rural hospital providers
- Rebasing Rural Health Center payment from the current base year 2001
- Supporting recruitment of health professionals by exempting the loan repayment support provided by hospitals to health professionals from individual state tax assessment on the payment
Focus on Challenges Impacting Discharge from Hospitals

- Carry Over – LD 177 Resolve to Improve Access to Bariatric Care
- Carry Over – LD 1229 Resolve, To Establish the Committee To Study and Develop Recommendations To Address Guardianship Challenges That Delay Patient Discharges from Hospitals
- Passed – LD 439 Resolve, Directing the Commissioner of Health and Human Services To Convene a Task Force To Study the Need for Long-term Acute Care Beds
- Passed – LD 408 Resolve, To Require the Department of Health and Human Services To Develop a Plan for Neurobehavioral Beds
LD 1313 An Act To Enact the Maine Death with Dignity Act

- Creates a legal process for qualified patients to request and obtain medication for purposes of ending the patient’s life
- At least two Maine physicians must independently agree that a person meets the eligibility requirements.
- Waiting periods between oral, written and final request for the prescription
- Patient must self administer the medication
- Death with Dignity Act is an affirmative defense to criminal prosecution
- Health care providers, pharmacists and employers can refuse to participate in the activities authorized by law
- STATUS – Effective Date 9/19/19. Emergency rules from Maine CDC on provider reporting & LTC witness
- Many important questions remain including the need to identify DWD scripts in the Prescription Monitoring Program.
LD 1811 An Act To Enhance Personal and Public Safety by Requiring Evaluations of and Judicial Hearings for Persons in Protective Custody Regarding Risk of Harm and Restricting Access to Dangerous Weapons

Compromise Response to LD 1312 An Act Regarding Access to Firearms by Extremely Dangerous and Suicidal Individuals. Supported by SAM, Judiciary, Law Enforcement.

Passed unanimously in the Senate and by a strong majority in the House.

Creates an alternative for law enforcement to take into protective custody and have assessed a person who presents a likelihood of foreseeable harm to the person or to others.

Effective Date July 1, 2020
The law enforcement officer is directed to have the person in protective custody assessed by a medical practitioner to assess likelihood of foreseeable harm.

Notwithstanding any provision of law to the contrary, an assessment pursuant to this section may be performed at a health care facility but, when available and as appropriate, must be performed at an alternative location. If the assessment is provided at a health care facility, law enforcement shall, upon request of the facility and consistent with section 3863, subsection 2-A, absent compelling circumstances, assist the facility with the security of the person awaiting the assessment under this section.

Medical practitioners have immunity for acts performed in good faith execution of the law.

Law enforcement can bring the assessment to a judge or justice of the peace for endorsement.

If endorsed, law enforcement has 24 hours to notify the restricted person to surrender weapons.

Judicial hearing in 14 days to determine if weapons will be returned or retained.
Questions???