

PART K

HHS VOTE: IN 7-5 AFA VOTE: _____

Sec. K-1. 22 MRSA §259, sub-§1-D and sub-§3, as enacted by PL 2023, c. 643, Pt. QQ, §3 and §4, are repealed.

**PART K
SUMMARY**

This Part repeals the language approved in Public Law 2023, chapter 643, Pt. QQ, §3 and §4 to support federally qualified health centers in developing and expanding pharmacy services and access to affordably priced prescription drugs for the patients of such health centers.

[See also: GREEN DOC Line 9]

PL 2023, c.643, Part QQ-3 and QQ-4 – Language being repealed by Part K

Sec. QQ-3. 22 MRSA §259, sub-§1, ¶D is enacted to read:

D. Four million dollars in fiscal year 2024-25 to support access to pharmacy services and affordably priced prescription drugs to residents of the State in rural and underserved communities by providing funds to support federally qualified health centers in developing or improving pharmacy services, including without limitation:

(1) Planning, designing, constructing and operating one or more licensed retail pharmacies as part of a federally qualified health center's services;

(2) Entering into arrangements, including with one or more federally qualified health centers, to expand the availability of prescription drugs purchased and delivered to patients under the federal drug pricing program under Section 340B of the federal Public Health Service Act, 42 United States Code, Section 256b; and

(3) Expanding access to prescription drugs supplied by one or more federally qualified health centers, including without limitation by increasing the number of locations from which patients may obtain prescription drugs, improving access to prescription drugs through mobile outreach, improving existing pharmacy facilities, expanding the availability of automated pharmacy systems as defined in Title 32, section 13702-A, subsection 1 or addressing workforce issues related to pharmacy program planning and operation.

Sec. QQ-4. 22 MRSA §259, sub-§3 is enacted to read:

3. Allocation of pharmacy services support funding. Each federally qualified health center may apply for funds made available pursuant to subsection 1, paragraph D by providing the department with a budget and plan for developing or improving pharmacy services and access to affordably priced prescription drugs for its patients. The department shall allocate available funds equitably among all applicants based on the cost-effectiveness and feasibility of the proposed development or improvement of patient access to affordably priced prescription drugs and the availability of other pharmacy services in the areas served by a federally qualified health center applying for funds. In developing criteria for awarding available funds, the department shall consult with and consider the recommendations of a statewide association of federally qualified health centers. Any available funds not awarded in fiscal year 2024-25 must be deposited in a nonlapsing account from which awards may be made in subsequent fiscal periods for the purposes set forth in subsection 1, paragraph D.

PART L

HHS VOTE: IN 12-0 AFA VOTE: _____

Sec. L-1. 36 MRSA §2891, as amended by PL 2021, c. 253, Pt. B, §5 is further amended to read:

1. Hospital. "Hospital" means an acute care health care facility with permanent inpatient beds planned, organized, operated and maintained to offer for a continuing period of time facilities and services for the diagnosis and treatment of illness, injury and deformity; with a governing board and an organized medical staff offering continuous 24-hour professional nursing care; with a plan to provide emergency treatment 24 hours a day and including other services as defined in rules of the Department of Health and Human Services relating to licensure of Acute Care Hospitals, Critical Access Hospitals, Psychiatric Hospitals, and Rehabilitation Hospitals ~~general and specialty hospitals~~; and that is licensed under Title 22, chapter 405 ~~as a general hospital, specialty hospital or critical access hospital~~. For purposes of this chapter, "hospital" does not include a nursing home or ~~a publicly owned specialty hospital~~ or, for state fiscal years beginning on or after July 1, 2008, municipally funded hospitals; or, beginning January 1, 2025, critical access hospitals.

Sec. L-2. 36 MRSA §2891 subsection 1-B is enacted to read:

1-B. Acute Care Hospital. Acute Care Hospital means an institution licensed as an Acute Care hospital by the Department of Health and Human Services pursuant to 22 M.R.S.A. Chapter 405. An Acute Care Hospital is primarily engaged in providing, by or under the supervision of physicians, inpatient diagnostic and therapeutic services or rehabilitation services. An Acute Care Hospital has the option to provide organ transplant services.

Sec. L-3. 36 MRSA §2891 subsection 1-C is enacted to read:

1-C. Critical Access Hospital. Critical Access Hospital means an institution licensed as a Critical Access Hospital by the Department of Health and Human Services pursuant to 22 M.R.S.A. Chapter 405. A Critical Access Hospital is a rural hospital consisting of no more than twenty-five (25) acute/skilled nursing care beds that can be used for either acute inpatient or skilled nursing care.

Sec. L-4. 36 MRSA §2891 subsection 1-D is enacted to read:

1-D. Psychiatric Hospital. A Psychiatric Hospital means an institution licensed as a Psychiatric Hospital by the Department of Health and Human Services pursuant to 22 M.R.S.A. Chapter 405. A Psychiatric Hospital is a specialized hospital that provides inpatient and outpatient services for individuals with mental illness and is a facility.

Sec. L-5. 36 MRSA §2891 subsection 1-E is enacted to read:

1-E. Rehabilitation Hospital. A Rehabilitation Hospital means an institution licensed as a Rehabilitation Hospital by the Department of Health and Human Services pursuant to 22 M.R.S.A. Chapter 405. A Rehabilitation Hospital provides essential therapy and coordinated care that assists patients in recovering from serious disabling illness or injury. These hospital-based services may be provided in the inpatient setting or as outpatient services.

Sec. L-6. 36 MRSA §2891 subsection 3 is amended to read:

~~**Sec.3. Publicly owned specialty hospital.** "Publicly owned specialty hospital" means a publicly owned hospital that is primarily engaged in providing psychiatric services for the diagnosis, treatment and care of persons with mental illness and that is licensed as a specialty hospital by the Department of Health and Human Services~~

Sec. L-7. 36 MRSA §2892, 2nd ¶, as amended by PL 2023, c. 643, §6, is further amended to read:

For state fiscal years beginning on or after July 1, 2004, a tax is imposed annually against each hospital in the State. The tax is equal to 2.23% of the hospital's net operating revenue as identified in the hospital's audited financial statement for the hospital's taxable year. Beginning January 1, 2025, the tax for acute care hospitals and ~~specialty~~ rehabilitation hospitals is equal to 3.25% of the hospital's net operating revenue as identified in the hospital's audited financial statement for the hospital's fiscal year that ended during calendar year 2022. Beginning January 1, 2025, the tax does not apply to critical access hospitals. For the state fiscal year beginning July 1, 2004, the hospital's taxable year is the hospital's fiscal year that ended during calendar year 2002. For the state fiscal year beginning July 1, 2005, the hospital's taxable year is the hospital's fiscal year that ended during calendar year 2003. For state fiscal years beginning on or after July 1, 2006 but before July 1, 2008, the hospital's taxable year is the hospital's fiscal year that ended during calendar year 2004.

Sec. L-8. 36 MRSA §2893, sub-§2-A as enacted by PL 2023, c. 643, §6, is amended to read:

2-A. Return required in state fiscal year beginning July 1, 2024. For tax due for the state fiscal year beginning July 1, 2024, a person subject to the tax imposed by section 2892 shall submit to the assessor a return on a form prescribed by the assessor and pay:

A. An amount equal to 2.23% of the hospital's net operating revenue as identified in the hospital's audited financial statement for the hospital's fiscal year that ended during calendar year 2020 multiplied by one-half on or before November 15, 2024;

B. For ~~a~~ an acute care hospital or a rehabilitation hospital ~~or a specialty hospital~~, an amount equal to 3.25% of the hospital's net operating revenue as identified in the hospital's audited financial statement for the hospital's fiscal year that ended during calendar year 2022 multiplied by one-half on or before May 15, 2025; and

C. For a facility licensed as a psychiatric hospital by the Department of Health and Human Services pursuant to Title 22, section 1817, an amount equal to 2.23% of the Page 191 - 131LR3108(23) hospital's net operating revenue as identified in the hospital's audited financial statement for the hospital's fiscal year that ended during calendar year 2022 multiplied by one-half on or before May 15, 2025.

**PART L
SUMMARY**

This Part defines Acute Care Hospital, Critical Access Hospital, Psychiatric Hospital, and Rehabilitation Hospital and removes reference to publicly owned specialty hospitals. It also corrects a drafting error in PL 2023 c. 643 and specifies that beginning January 1, 2025 the tax for acute care hospitals and rehabilitation hospitals is equal to 3.25%. The tax for Psychiatric Hospitals remains at 2.23%.

PART M

HHS VOTE: IN 12-0 AFA VOTE: _____

Sec. M-1. Emergency rule-making authority; health and human services matters. The Department of Health and Human Services is authorized to adopt emergency rules under the Maine Revised Statutes, Title 5, sections 8054 and 8073 as necessary to implement those provisions of this Act over which the department has subject matter jurisdiction for which specific authority has not been provided in any other Part of this Act without the necessity of demonstrating that immediate adoption is necessary to avoid a threat to public health, safety or general welfare.

**PART M
SUMMARY**

This Part authorizes the Department of Health and Human Services to adopt emergency rules to implement any provisions of this Act over which it has specific authority that has not been addressed by some other Part of the Act without the necessity of demonstrating that immediate adoption is necessary to avoid a threat to public health, safety or welfare.

PART N

HHS VOTE: IN 12-0 AFA VOTE: _____

Sec. N-1. 22 MRSA §3731-A, sub-§1 as enacted by PL 2023, c. 643, Pt. RRR, §1 is amended to read:

- 1. State funding to support eligible families.** Other Special Revenue Funds and General Funds allocated for the purposes of supporting the Maine Child Care Affordability Program may be used to support any eligible family.

**PART N
SUMMARY**

This Part amends the Maine Child Care Affordability Program to ensure state General Funds can be used to support any eligible family, regardless of income level.

PART S

HHS VOTE: OUT 12-0 AFA VOTE: _____

Sec. S-1. 22 MRSA §4308, sub-§1-A, as enacted by PL 2011, c. 655, Pt. R, §2, is amended to read:

1-A. Limit on housing assistance. Except as provided in subsections 1B, ~~and 2~~, housing assistance provided pursuant to this chapter is limited to a maximum of ~~93~~ months in a 12-month period per household, except for temporary housing and emergency shelters, defined by the Department by rule during the period from July 1, 2012 to June 30, 2013.

Sec. S-2. 22 MRSA §4308, sub-§2, as amended by PL 2023, c. 643, Pt. II, §1, is further amended to read:

A municipality may not exceed maximum levels of assistance established pursuant to section 4305 for an applicant household for more than 30 days in a 12-month period ~~when assistance is granted for housing in hotel, motel, inn or other lodging place as defined in section 2491, subsection 7 F.~~

**PART S
SUMMARY**

This Part limits housing assistance under the General Assistance Program, except for temporary housing and emergency shelters, to a maximum of 3 months in a 12-month period per household. It also limits municipalities from exceeding the maximum levels of assistance for all assistance categories for no more than 30 days in a 12-month period per household.