



STATE OF MAINE DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES BUREAU OF THE BUDGET 58 STATE HOUSE STATION AUGUSTA, MAINE 04333-0058

KIRSTEN LC FIGUEROA COMMISSIONER

DARRYL STEWART ACTING STATE BUDGET OFFICER

То:	The Honorable Matthea Elisabeth Larsen Daughtry, President of the Senate Members of the 132nd Senate The Honorable Ryan D. Fecteau, Speaker of the House Members of the 132nd House of Representatives
From:	Darryl Stewart, Acting State Budget Officer
Date:	December 31, 2024
Subject:	Federal Mandates

The State Budget Officer is required by 5 M.R.S.A., Section 1670, to submit a list, to all members of the Legislature, of any new laws, regulations, or other actions that may require the State to comply with any new federal mandate in the current biennium or the next biennium.

Attached please find the report of federal mandates as submitted from the various State departments and agencies.

If you should have any questions regarding this report, please do not hesitate to contact the Budget Office at (207) 624-7810.

Thank you.

DFS/mlm

cc: Christopher Nolan, Director, OFPR
Kirsten LC Figueroa, Commissioner, DAFS
Alex Burnett, Deputy Director ME State Law & Legislative Reference Library
Darek M Grant, Secretary of the Senate
Robert B Hunt, Clerk of the House

3RD Floor, Burton M. Cross Building

FEDERAL MANDATES

DEPARTMENT OR AGENCY	PROGRAM NAME & ACCOUNT #	FED CITE	DESCRIPTION OF THE PURPOSE OF THE MANDATE	IMPLEMENT: TATION DATE (DD-MM-YY)		AMOUNT	STATE FISCAL YEAR
DEP	MEPF -Lead 014.06A.1713.14	40 CFR 745	USEPA has finalized a rule, effective January 11, 2025, that creates stronger requirements for identifying and cleaning up lead-based paint hazards in pre-1978 homes and childcare facilities. EPA estimates that this rule will reduce the lead exposure of up to nearly 1.2 million people every year, of which 178,000 to 326,000 are children under the age of six. As an EPA authorized program, Maine must demonstrate that our program is at least as protective as EPA's program no later than 2 years after the final rule's effective date, which would be by January 11, 2027. Dust Lead Action Levels, previously Dust Lead Clearance Levels, have been updated to 5 micrograms per square foot on floors, down from 10 micrograms per square foot; and, 100 micrograms per square foot on troughs, down from 400 micrograms per square foot. Dust Lead Reportable Levels, previously the Dust Lead Hazard Standard, have been updated to any reportable level as determined by an EPA-recognized laboratory, a decrease from 10 micrograms per square foot on floors; and, from 100 micrograms per square foot on sills down to no reportable level for sills.	DEP must implement by 1/11/2027	014	No fiscal impact	FY 26

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DEP	Waste Oil Program 014.06A.1502.44	40 CFR 279 40 CFR 761	Coordination with related programs (Solid Waste/Hazardous Waste/Stormwater/State Fire Marshal's Office/Maine Fuel Board/EPA) Education (phone calls, emails, training, handbooks, site visits) Form and procedure development (registrations, updated transporter applications, license applications, handbook development, inspection form development, procedures) Registrations/licenses/WOTS/Combined WOT/HWT Inspections and follow up including NOVs Sampling of waste oil (containers/tanks) Complaint investigations Determination of Appropriateness of tank types (Maine Fuel Board rules) Sampling related to solis/groundwater/surface water releases and contamination Enforcement (Consent Agreements and Court Actions) Review of license applications, groundwater plans, engineering reviews, chemical reviews Waste oil clean ups and remediation	Postponed in FY 25, possibly FY 26 or FY 27	014	10 FTEs as follows: ES III (6) OHMS II (2) ES Licensing Lead or equivalent type (1) Engineer (.25) OHMR I (.5) Geologist (.25)	FY 26 or FY 27
DEP	Hazardous Waste Management Unit 013-06A-0851-13 (PPG-RCRA)	89 FR 60692	Plesponse Services actions for spills/releases The Environmental Protection Agency (EPA) or (the Agency) is finalizing certain amendments to the hazardous waste manifest regulations, and the hazardous waste electronic manifest (e-Manifest) regulations under the Resource Conservation and Recovery Act (RCRA) to increase utility of the e-Manifest system in delivering benefits to reduce administrative burden and improve tracking of hazardous waste shipments, and to various related regulations. Among other things, EPA is finalizing changes to manifest regulations for shipments of hazardous waste that are exported for treatment, storage, and disposal. EPA is also finalizing regulatory changes to the hazardous waste export and import shipment international movement document-related requirements to more closely link the manifest data with the international movement document (hereafter referred to as "movement document") data. In addition, EPA is finalizing regulatory amendments to three manifest-related reports (<i>i.e.</i> , Discrepancy, Exception, and Unmanifested Waste Reports). EPA is also finalizing conforming regulatory changes to the manifest regulations under the Toxic Substances and Control Act (TSCA) for polychlorinated biphenyls (PCB) wastes to better align these requirements with the RCRA manifest regulations and the e-Manifest program. Lastly, this action makes technical corrections to fix typographical errors in the e-Manifest and movement document regulations	TBD best guess by FY 27	013	No fiscal Impact	FY 27

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units in 06-A Subpart H public entity, other than a special district government, with a total population of 50,000 or more shall ensure that the web content and mobile apps that the public endity provides or makes available, directly or through contractual, licensing, or other arrangements, comply with Level A and Level AA success criteria and conformance requirements specified in WCAG 2.1, unless the public entity can demonstrate that compliance with this section would result in a fundamental alteration in the nature of a service, program, or activity or in undue financial and administrative burdens.
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Maine CDC	HETL Clinical Section	Docket: FDA-2023-N- 2177"	Laboratory Developed Tests Regulatory Impact Analysis (Final Rule) "This final rule amends FDA's regulations in part 809 (21 CFR part 809) to make explicit that "in vitro diagnostic products" (IVDs) are devices as defined in section 201(h)(1) of the Federal Food, Drug, and Cosmetic Act (FD&C Act) (21 U.S.C. 321(h)(1)) including when the manufacturer of the IVD is a laboratory. In conjunction with this amendment, FDA is phasing out its general enforcement discretion approach for laboratory developed tests (LDTs) so that IVDs manufactured by a laboratory will generally fall under the same enforcement approach as other IVDs, as discussed further in section V of the neamble to the rule Federal Register: 89 FR 37286 Publication Date: 5/6/2024 https://www.fda.gov/about-fda/economic-impact-analyses-fda-regulations/laboratory-developed-lests-regulatory- impact-analysis-final-rule Briefly, this law, on May 6 th 2024 designated every human clinical diagnostic testing laboratory developed tests (LDTs). Compliance with specific parts of the law is phased-in every May 6 th rom 2024 till 2027. The Clinical Microbiology section at the Health and Environmental Testing Laboratory does use LDT's and therefore subject to this law. Compliance is mandatory and unfunded. There is an annual Establishment Registration Fee of \$7,653 owed to the FDA. For each change to an assay, HETL may owe \$21,760. State governments are exempt from the De Novo classification, which requires \$145,068 per new test. HETL has at least 13 tests which will require FDA 510(k) approval, at a cost of \$282,880 in submission fees alone. The cost for lab supplies and staft time is unknown. Affected tests include, pediatric blood lead, respiratory, vectorborne, waterborne, foodborne, sexually transmitted, hospital associated and vaccine preventable infectious disease.			\$282,880	2025-2026
Maine CDC	HETL Clinical Section	CMS-3326-F	The Clinical Laboratory Improvement Amendments of 1988 (CLIA) regulations include federal standards applicable to all U.S. facilities or sites that test human specimens for health assessment or to diagnose, prevent, or treat disease. CDC, in partnership with Centers for Medical and Medicaid Services (CMS) and the Food and Drug Administration (FDA), supports the CLIA program and clinical laboratory quality. On December 28, 2024 new definitions and updates to numerous personnel requirements go into effect. <u>Standards and Certification: Laboratory Requirements (42 CFR 493)</u> <u>Clinical Laboratory Improvement Amendments (42 USC 263a)</u> The most influential portion of this update means that the Clinical Microbiology section at the Health and Environmental Testing Laboratory:	12/28/2024			2025-2026

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			cannot use resumes and/or CV's in the hiring process for staff that would be added to the CLIA 209 staffing form. Instead, a third party (former employer, references etc), must provide ample documentation of experience. Resumes and/or CV's could be used to obtain an interview, but further documentation is required. here is a grandfather clause for all personnel affected by this final rule as long as they were qualified and serving in a CLIA-certified lab as of December 28, 2024 and remained continuously employed in that nosition since December 28, 2024 and remained continuously employed in that nosition since December 28, 2024 cannot accept experience from a non-high complexity CLIA laboratory when hiring or promoting staff to a CLIA General or Technical Supervisor (e.g experience). must review the transcripts for new hires to determine it it meets the new educational requirements (e.g. a Bachelor of Arts with sufficient science course credits may now qualify as CLIA testing personnel, similarly a Bachelor of science with insufficient course credits will not qualify as CLIA testing personnel)	- -			
Maine CDC	HETL Environmental Lead	EPA-HQ-OPPT- 2023-0231	Reconsideration of the Dust-Lead Hazard Standards and Dust-Lead Post- Abatement Clearance Levels	1/13/2025	014-		2025-2026
			Environmental Protection Agency - 40 CFR Part 745 As part of EPA's high-priority efforts to reduce childhood lead exposure, and in accordance with a U.S. Court of Appeals for the Ninth Circuit 2021 opinion, EPA is finalizing its proposal to lower the dust-lead hazard standards to any reportable level as analyzed by a laboratory recognized by EPA's National Lead Laboratory Accreditation Program (NLLAP). The rule lowered the amount of lead that can remain in dust on more, window sills and window troughs after a lead paint abatement occurs to the lowest levels that can be reliably and quickly measured in laboratories from: 10 micrograms per square foot (µg/ft2) to 5 µg/ft2 for floors, 100 µg/ft2 to 40 µg/ft2 for window sills, and 400 µg/ft2 to 100 µg/ft2 for window troughs.				
Maine CDC	DWP	<u>Safe Drinking</u> Water Act	Lead and Copper Rule Revisions (LCRR) and Improvements (LCRI): Both the LCRR (published 2021, enforceable deadline 2024) and the LCRI (published 2023, enforceable deadline 2027) propose changes to the original Lead and Copper Rule (1991) are aimed at removing lead from water distribution systems, reducing consumer exposure to lead, and ensuring that consumers have appropriate and timely information concerning lead in their drinking water.	1/1/2027		\$0	On-going
Maine CDC	DWP	<u>Safe Drinking</u> Water Act	Federal PFAS regulations (proposed 2023, enforceable deadline 2027) will require Community and Non-Transient, Noncommunity Public Water Systems to test for per- and polyfluoroalkyl substances (PFAS) and take steps to limit exposure if present above proposed Maximum Contaminant Levels.	1/1/2027		\$0	On-going
Maine CDC	DWP	<u>Safe Drinking</u> Water Act	Revised Consumer Confidence Report (CCR) Rule: On March 28, 2023, EPA announced a Notice of Proposed Rulemaking that would strengthen the Consumer Confidence Report (CCR) Rule making annual drinking water quality reports with important public health information more accessible to residents and businesses across the country.	1/1/2027		\$0	On-going

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Maine CDC Program Federal Register :: School Food Safety obtain two inspections per year, post the most recent inspection report in a visible location, and release a copy of the report to members of the public upon request. This rule enhances the safety of over 38 million meals served to school children daily. *Please note, this mandate continues from 2009. 10/2/2009

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DHHS/DLC	Division of Licensing and Certification 39% 01010AZ03601 DLC 61% 01410AZ03604	Admin Info: 23-	SSR training: All surveyors with 1 or more years of survey experience must study for and pass a nationwide test in one provider type. Several of our survyeors, due to problems with the test nationally, spent hours studying, and yet had to retake the FFY24 test <u>up to 20 times</u> before passing. This requirement prevented surveyors from actually surveying, which created the need to postpone surveys so surveyors could retake the testand study yet again. Expectation is that the SSR training due in FFY25 for 19 of our 26 surveyors will take just as long, as 3 of them have already attempted it 3 times, with only one passing.	10/1/23.		\$9.751	
	Division of Licensing and Certification 39% 01010AZ03601 DLC	QSO 24-11-HHA & Hospice, &	Hospices and HHAs now have the ability to request an IDR. Prepping and holding, and writing decision, are all unfunded tasks. The regulations for IDR offer HHAs and hospice programs the option to request an informal opportunity to dispute condition-level survey findings warranting an alternative sanction or enforcement remedy following a facility's receipt of the Statement of Deficiencies (Form CMS-2567). Effective January 1, 2024, the IDR processes for hospices follow the same existing processes for HHAs, and Chapter 10 of CMS's State Operations Manual was updated to include		-		
DHHS/DLC DHHS/DLC	Division of Licensing and Certification	State Performance Standards System Admin Info 24-02-ALL , specifically	hospices in the guidance. Intakes that are overdue for investigation (a state's backlog of complaints due, in large part, to the PHE) are added to the pre-PHE requirements for completion, without additional federal funding to complete that work.	01/01/2024.		\$18,805 38,976	
DHHS/DLC	Division of Licensing and Certification 39% 01010AZ03601 DLC 61% 01410AZ03604		Effective 2/24/2025, LTC surveyors will need to use a revised survey tool when conducting surveys in SNF/NFs, including two entirely new "Critical Element Pathways" having to do with chemical restraints and discharge processes. These revisions/additions add duties/tasks to what the surveyeors already do, without removing any tasks. These additional pages of additional tasks will cause surveys to take longer, which will cost more in overnight travel expenses. The State is not receiving additional federal funds to do this additional work. The full extent of the additional costs cannot be known before implementation.	2/24/2025		\$10,359	
DHHS/DLC	Division of Licensing and Certification 39% 01010AZ03601 DLC 61% 01410AZ03604	Admin Info: 24-22-	Requires SA to process CMS's 855A forms, without compensation	On successive dates CMS turned over more duties to the SA, starting 12/22/2021, then 11/28/23, and finally (so far) 8/23/2024.		\$35,172	

	DHI	HS/DLC	01010AZ03601 DLC 61%	06/27/1974- OSHA; QSO 20- 39-NH issued 9/17/20, rev'd	DLC's surveyors are required to wear, at a minimum, the same Personal Protective Equipment ("PPE") as that being worn by the staff within the facility DLC's surveyors are assessing. When that level includes an N-95 facemask, those must be fitted to each person, and are not interchangeable. A medical determination must be made first, requiring contracting with an outside vendor (Concentra) for them to assess each surveyor's medical ability to wear an N- 95; fit-testing (to see if a surveyor can wear an N-95, and of which size and brand); fit-testing equipment; and the N-95 masks themselves are all expenses that are not federally funded.			\$1,760		
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OADS	Adult Protective Services 01010AZ04001		Administration for Community Living (ACL) proposes to modify the implementing regulations of the Older Americans Act of 1965 (OAA) to add Subpart D related to Adult Protective Services. This is the first federal oversight rule that governs State APS systems.	Anticipated 2026	010, 013	Unknown	2027
OADS	OADS Central Office (Aging Team) 01010A014001 ; 01310A01400	45 CFR 1321 45 CFR 1322 45 CFR 1322 45 CFR 1324	ACL issued the OAA Final Rule in Feb 2024 to improve services and clarify requirements impacting Emergency Preparedness, Nutrition Services, the State Agency on Aging, Area Agencies on Aging, the Long-Term Care Ombudsman, Legal Assistance, Services for Native American Elders and Caregivers, and State Guardianship programs. This is the first major federal rulemaking for the OAA since 1988 and will take states like Maine several years to fully implement due to the rule making process. OADS is currently drafting rules for all aspects of OAA programs in Maine in collaboration with the AAAs as required by the OAA Final Rule.	Deadline to submit an Implementation Timeline (called Corrective Action Plan (CAP) by ACL) is Oct 1, 2025. OADS will work collaboratively with ACL on proposed timeline.	010, 013	Unknown	Ongoin
		1915(I) State Plan HCBS, 5- Year Period for Waivers, Provider Payment Reassignmen t, Setting Requirements for Community First Choice, and 1915(c) HCBS Waivers - CMS-2249- F/CMS-2296-					
OADS/OMS	OADS/OMS (multiple programs)	F/CMS-2295- F Person Centered Planning Requirements (PCP rule 2014- not in	Centers for Medicare and Medicaid Services (CMS) expected to issue sweeping new rule pertaining to client access to Home and Community Based Services (HCBS) – i.e. MaineCare Benefits Manual Sec. 18, 19, 20, 21, and 29; DHHS reviewed the proposed rule in Summer 2023; if rule is adopted as previously written, it will require systems investments (likely for the Department and for providers) to accommodate more complex reporting.	Rule anticipated to be adopted in March 2024 with a multi- year, phased implementation	010, 013	Unknown	2024

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SAMHSA		Part 8 Title 42 OF	Part 8 of Title 42 of the Code of Federal Regulations (CFR) includes the regulations that guide opioid treatment programs (OTPs); these went into effect in 2001. The U.S. Department of Health and Human Services (HHS), through the Substance Abuse and Mental Health Services Administration (SAMHSA) revised these regulations and released the final rule in February 2024. The revisions take historic steps to increase access to lifesaving, evidence-based medications for opioid use disorder (MOUD) and to advance retention in care through promoting patient-centered and compassionate interventions. These rules went into effect on April 2, 2024 and the compliance date is October 2, 2024, allowing time for OTPs to prepare and for states to review their regulations that impact how this rule is implemented. The final rule promotes practitioner autonomy, removes stigmatizing or outdated language, supports a patient-centered approach, and reduces barriers to receiving care. These elements were identified as being essential to promoting effective treatment in OTPs and reflect an OTP accreditation and treatment environment that has evolved over the past 20 years. In this way, final changes to Part 8 are responsive to the predominant concerns of OTP practitioners and patients.	4/2/2024		25

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DHHS / OCFS	Child Welfare Services 01010A013901 01310A013901	45 CFR 201.5; Title IV-E of the Social Security Act ACF-ACYF-CB- PI-24-09				\$50,000	SFY26
DHHS / OCFS	Child Care Services: Child Care Development Fund (CCDF) 01510A056301	Care Access, Affordability, and	seven percent or less of family income, as required by 98.45(I)(3). (Plan Question 3.1.1a). The Lead Agency needs to pay child care providers in the Child Care Affordability Program prospectively and based on enrollment, as required by		5	\$8,600,000	SFY26

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	TANF	funded	"Effective with the enactment of Public Law 118-42, individuals who reside lawfully in the United States in accordance with section 141 of the Compacts of Free Association between the Government of the United States and the Governments of the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau are included in the definition of "qualified immigrants" and are eligible to receive TANF-funded assistance. Under the change in law, COFA citizens may receive TANF for five years after entry in the United States as many qualified immigrants are."					
DHHS/OFI	01510A013801 SNAP	assistance. 8 U.S.C. § 1641 as amended by	https://www.acf.hhs.gov/ofa/policy-guidance/acf-ofa-pi-24-02 Added COFA citizens in the definition of "qualified aliens" allowing COFA	3/9/2024	015 010 &	Unknown	Ongoing	
DHHS/OFI	01310AZ01901	Pub L. 118-42	citizens to receive federally funded SNAP	5/5/2024	'013	Unknown	Ongoing	
DHHS/OFI	SNAP 01310AZ01901	§ 4011	Requires Maine to share information with and retrieve information from the National Accuracy Clearing House (NAC)	12/01/2025	010 & '013	Unknown	Ongoing	
DHHS/OFI	SNAP 01310AZ01901	Pub L 118-5 § 311 and FR 89 – 242, 102362 December 17, 2024	Exempts some additional groups from ABAWD requirements, expands the age of individuals who must comply with ABAWD requirements and extends ABAWD requirements to the end of the certification period. This last element was in dispute until it was clarified in rule making.	09/01/2023	010 & '013	Unknown	Ongoing	
DHHS/OFI	SNAP 01310AZ01901	Pub L. 117-328 Title IV § 501	Requires the state to process applications for replacement of benefits lost as a result of skimming cloning or other electronic theft	10/01/2022	010 & '013	Unknown	Ongoing	

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DHHS/OHIM	OHIM 01410AZ29201	89 FR 39392 (Rui	makes several clarifications and updates the definitions currently used to determine whether a consumer is eligible to enroll in a Qualified Health Plan (QHP) through an Exchange; a Basic Health Program (BHP), in States that elect to operate a BHP; and for Medicaid and Children's Health Insurance Programs (CHIPs). Specifically, Deferred Action for Childhood Arrivals (DACA) recipients and certain other noncitizens will be included in the definitions of "lawfully present" that are used to determine eligibility to enroll in a QHP through an Exchange, for Advance Payments of the Premium Tax Credit (APTC) and Cost-Sharing Reductions (CSRs), or for a BHP	11/1/2024		None	2025-
DHHS/OHIM	OHIM 01410AZ29201	89 FR 26218		1/1/25 and ongoing		None	2025-
DHHS/OHIM	OHIM 01410AZ29201	88 FR 25740	This final rule includes payment parameters and provisions related to the HHS- operated risk adjustment and risk adjustment data validation programs, as well as 2024 user fee rates for issuers offering qualified health plans (QHPs) through Federally-facilitated Exchanges (FFEs) and State-based Exchanges on the Federal platform (SBEFPs). This final rule also has requirements related to updating standardized plan options and reducing plan choice overload; the automatic re-enroliment hierarchy; plan and plan variation marketing name requirements for QHPs; essential community providers (ECPs) and network adequacy; failure to file and reconcile; special enrollment periods (SEPs); the annual household income verification; the deadline for QHP issuers to report enrollment and payment inaccuracies; requirements related to the State Exchange improper payment measurement program; and requirements for agents, brokers, and web-brokers assisting FFE and SBE-FP consumers.	1/1/24 and ongoing		None	2024-

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DHHS/OMS	MaineCare	to Medicaid Services (89 FR 40542; CMS-	Medicaid beneficiaries across fee-for-service (FFS) delivery systems, specifically including the establishment of the Medicaid Advisory Committee/Beneficiary Advisory Council, Documentation of Access to Care/Payment Rate Transparency (including publishing rates and conducting	7/9/2025 (MAC/BAC); 7/9/2026 (rate transparency); 9/9/2026 (HCBS QMS)		
DHHS/OMS	MaineCare		The CMS Interoperability and Prior Authorization final rule requires State Medicaid programs to implement and maintain Health Level 7 (HL7) Fast Healthcare Interoperability Resources (FHIR) application programming interfaces (APIs) to improve the electronic exchange of health care data, as well as to streamline the prior authorization processes. In 2026, Medicaid programs must meet a prior authorization decision timeframe and begin reporting on metrics regarding prior authorization processes. In 2027, programs must update existing APIs and implement three new APIs.	01/01/2016; 01/01/27		
DHHS/OMS	MaineCare	Consolidated Appropriations Act, 2024 (CAA, 2024) (P.L. 118- 42), Division G, Title I, Subtitle B, Sections 201		Extended to mandatory from original date of 10/1/2020	None	
DHHS/OMS	MaineCare	Nondiscriminatio n in Health Programs and Activities Section 1557 of the ACA (42 CFR Parts 438, 440, 457, and 460; 45 CFR	Section 1557 prohibits discrimination on the basis of race, color, national origin, sex, age, or disability. Medicaid programs must comply with the rule which includes: requirements to assess risk of discrimination in clinical algorithms and other patient decision care support tools; take reasonable steps to provide meaningful access to individuals with LEP (including offering	01/01/25 (non- discrimination in coverage); 05/01/25; 07/05/25		

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Maine State Museum	Museum Administration 010-94M-0180-43	Department of the Interior	This final rule revises and replaces definitions and procedures for linial descendants, Indian Tribes, Native Hawaiian organizations, museums, and Federal agencies to implement the Native American Graves Protection and Repatriation Act of 1990. These regulations clarify and improve upon the systematic processes for the disposition or repatriation of Native American human remains, funerary objects, sacred objects, or objects of cultural patrimony.	1/12/2024	010	\$67,393 \$136,342 \$191,054	25 26		

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SoS/BMV	01229B007704 Administration Motor Vehicles	Transportation Equity Act: A Legacy for Users	National Registry of Certified Medical Examiners (Phase 2). The US Department of Transportation, and it's subordinate agency (the Federal Motor Carrier Safety Administration, FMCSA), require state licensing agencies to connect digitally to a national clearinghouse of digital medical certifications for vehicle operators that require commercial driver's licenses. FMCSA issued	No later than 06/23/2025	012	\$0	SFY2025	