Remote Rulemaking Hearings Policy

September 10, 2021

Cases of COVID-19 have increased over 1,000% nationally between June 18, 2021 and August 25, 2021. This increase has been driven by the highly transmissible B.1.617.2 (Delta) variant of SARS-CoV-2, the virus that causes COVID-19. The Delta variant has increased transmission, increased risk of hospitalization and fatality. There is an ongoing federal public health emergency due to COVID-19. The Secretary of the United States Department of Health and Human Services first declared a public health emergency (PHE) due to COVID-19 on January 31, 2020, and most recently renewed the PHE effective July 20, 2021. See Renewal of Declaration that Public Health Emergency Exists https://www.phe.gov/emergency/news/healthactions/phe/Pages/COVID-19July2021.aspx. On March 13, 2020, the President of the United States issued a proclamation that the COVID-19 pandemic constitutes a national emergency, which was most recently continued on February 24, 2021. See Continuation of the National Emergency Concerning the Coronavirus Disease 2019 (COVID-19) Pandemic, 86 Fed. Reg. 11599 (Feb. 24, 2021). On July 1, 2021, the Commissioner of DHHS declared a health emergency due to the continued consequences of the COVID-19 pandemic, which shall remain in effect through the duration of the PHE. See https://www.maine.gov/governor/mills/news/state-maine-follows-updated-us-cdc-recommendations-face-coverings-indoor-public-settings-2021). As of September 9, 2021, 14 counties in Maine are designated as high risk and the remaining two are designated at substantial risk of community transmission. In addition to wearing face coverings, limiting close contact between persons and large gatherings can help prevent the spread of COVID-19.

DHHS is committed to maintaining essential functions while protecting the health and safety of employees, clients, and the public. If public hearings for rules are held in person, which are indoor gatherings that may not allow for physical distancing, there is a reasonable chance that individuals’ health and safety may be compromised. To avoid the threat to public health and safety, DHHS finds that it is necessary to conduct all rulemaking public hearings per 5 M.R.S. § 8053 solely remotely, and hereby adopts this Remote Rulemaking Public Hearings policy.

Until further notice, all rulemaking public hearings shall be conducted via an internet-based virtual meeting platform and not in a physical location. DHHS shall use Zoom or similar videoconferencing technology to hold remote public hearings that provides simultaneous audio
and video reception for all participants. Through Zoom, participants can log in and submit comments orally, and an unlimited number of individuals may participate. Details for Zoom public hearings shall be included in the appropriate notice of hearing. In addition to remote public hearings, individuals may submit written comments to DHHS according to the applicable rulemaking notice.

DHHS shall continue to monitor circumstances surrounding COVID-19. When DHHS finds that there is no longer a threat to public health and safety as set forth herein, it shall repeal this policy and resume in-person rulemaking public hearings.