



132nd MAINE LEGISLATURE

FIRST SPECIAL SESSION-2025

Legislative Document

No. 1906

S.P. 747

In Senate, May 6, 2025

An Act to Improve Accountability and Understanding of Data in Insurance Transactions

Reference to the Committee on Health Coverage, Insurance and Financial Services
suggested and ordered printed.

A handwritten signature in black ink, appearing to read "D M Grant", is positioned above the printed name of the Secretary of the Senate.

DAREK M. GRANT
Secretary of the Senate

Presented by Senator BAILEY of York.
Cosponsored by Representative MORRIS of Turner and
Senator: President DAUGHTRY of Cumberland, Representatives: BOYER of Cape Elizabeth,
Speaker FECTEAU of Biddeford, FOLEY of Wells, GATTINE of Westbrook, GRAMLICH of
Old Orchard Beach, MATHIESON of Kittery, OLSEN of Raymond.

1 **Be it enacted by the People of the State of Maine as follows:**

2 **Sec. 1. 24-A MRSA §1914** is enacted to read:

3 **§1914. Plan sponsor access to claims data; right to audit**

4 **1. Ownership of claims data.** Any contract between an administrator and a plan
5 sponsor to provide health coverage must provide that the plan sponsor owns the claims data
6 relating to the contract.

7 **2. High-cost claims data.** Upon request of a plan sponsor, an administrator shall
8 provide data on a high-cost claim within 20 business days of a request so that a plan sponsor
9 may perform an audit to ensure compliance with the plan sponsor's contract prior to
10 payment of the high-cost claim. The data must include itemized billing statements and
11 medical records associated with the claim. For the purposes of this subsection, "high-cost
12 claim" means any claim related to an individual provided health coverage by a plan sponsor
13 in which the aggregate for an episode of care exceeds \$50,000.

14 **3. Claims data; right to audit.** An administrator that contracts with a plan sponsor
15 to provide health coverage shall permit a plan sponsor to perform a post-payment audit of
16 all claims paid to ensure compliance with the contract at least once in a calendar year as
17 long as the request is not earlier than 6 months following a previously requested audit.
18 Upon request of a plan sponsor as part of an audit, an administrator shall disclose the
19 following information specific to the plan sponsor or, if requested by the plan sponsor, to
20 the plan sponsor's delegated business associate, within 20 business days:

21 A. Claims data, including electronic claims transactions, received by the administrator
22 on any current standardized claim form approved by the Federal Government for
23 professional services or institutional services. The form or transaction may be
24 modified as necessary to comply with the federal Health Insurance Portability and
25 Accountability Act of 1996, Public Law 104-191;

26 B. Claims payments, electronic funds transfers or remittance advice notices provided
27 by the administrator as electronic files compliant with the federal Health Insurance
28 Portability and Accountability Act of 1996, Public Law 104-191, including, but not
29 limited to, electronic claims transactions for both the billed amount and the paid
30 amount for professional services and both the billed amount and the paid amount for
31 institutional services. The files may be modified only as necessary to comply with the
32 federal Health Insurance Portability and Accountability Act of 1996, Public Law
33 104-191. In the event that paper claims are provided, the administrator shall convert
34 the paper claims to an electronic format;

35 C. Any fees charged to the plan sponsor related to plan administration and claims
36 processing, including renegotiation fees, access fees, repricing fees or enhanced review
37 fees;

38 D. Any out-of-network fees or out-of-network negotiated discounts, aligned incentive
39 program fees, pay-for-performance payments and recoveries, cost-containment
40 program fees, overpayment recovery program fees, subrogation fees and any other
41 special program fees and discounts; and

42 E. Itemized billing statements and medical records associated with a specific claim if
43 requested by the plan sponsor or plan sponsor's auditor.

1 **4. No conditions or fees on audit.** An administrator may not impose on a plan
2 sponsor:

3 A. Any fees for requesting an audit under this section that exceed the direct expenses
4 properly and actually incurred by the administrator to provide the data;

5 B. Any fees associated with selecting an auditor other than an auditor designated by
6 the administrator; or

7 C. Any conditions that would restrict a plan sponsor's right to conduct an audit under
8 this section, including, but not limited to, restrictions on:

9 (1) The time period covered by the audit;

10 (2) The number of claims analyzed;

11 (3) The type of analysis conducted;

12 (4) The data elements used in the analysis;

13 (5) The plan sponsor's choice of auditor; or

14 (6) The means by which an auditor is compensated by a plan sponsor.

15 **5. Compliance with federal Health Insurance Portability and Accountability Act**
16 **of 1996.** Information provided by an administrator to a plan sponsor in accordance with
17 this section must comply with any applicable requirements of the federal Health Insurance
18 Portability and Accountability Act of 1996, Public Law 104-191.

19 **6. Application.** This section applies to any contract between an administrator and a
20 plan sponsor that is entered into, issued, amended or renewed on or after January 1, 2026,
21 and an administrator may not enter into, issue, amend or renew any contract on or after
22 January 1, 2026 that contains any provision that violates this section.

23 **Sec. 2. 24-A MRSA §4347, sub-§18-A** is enacted to read:

24 **18-A. Plan sponsor.** "Plan sponsor" has the same meaning as in section 1901,
25 subsection 8.

26 **Sec. 3. 24-A MRSA §4349-A** is enacted to read:

27 **§4349-A. Plan sponsor access to claims data; right to audit**

28 **1. Ownership of claims data.** Any contract between a pharmacy benefits manager
29 and a plan sponsor to provide health coverage must provide that the plan sponsor owns the
30 claims data relating to the contract.

31 **2. Prescription drug data.** Within 20 business days of a request from a plan sponsor,
32 a pharmacy benefits manager shall provide data to the plan sponsor regarding the actual
33 amounts directly or indirectly paid by the pharmacy benefits manager to a pharmacy or
34 pharmacist on behalf of the plan sponsor for a prescription drug and for the pharmacy
35 services associated with dispensing that drug.

36 **3. Claims data; right to audit.** Notwithstanding section 4350-C, a pharmacy benefits
37 manager that contracts with a plan sponsor to provide prescription drug coverage shall
38 permit a plan sponsor to perform a post-payment audit of claims paid to ensure compliance
39 with the contract at least once in a calendar year as long as the request is not earlier than 6
40 months following a previously requested audit. Upon request of a plan sponsor as part of

1 an audit, a pharmacy benefits manager shall disclose to the plan sponsor or, if requested by
2 the plan sponsor, to the plan sponsor's designated business associate the following
3 information specific to the plan sponsor within 20 business days:

4 A. Rebate amounts, identified by the drug and therapeutic category, secured on
5 prescription drugs provided by a pharmaceutical manufacturer that are generated by
6 claims processed through the plan maintained by the plan sponsor;

7 B. Prescription drug and medical device claims, including electronic claims
8 transactions, received by the pharmacy benefits manager on any current standardized
9 claim form approved by the Federal Government for these services. The form or
10 transaction may be modified as necessary to comply with the federal Health Insurance
11 Portability and Accountability Act of 1996, Public Law 104-191 as long as claims
12 information is not withheld from a plan sponsor who has demonstrated compliance
13 with the use and disclosure requirements of 45 Code of Federal Regulations, Section
14 164.504(f);

15 C. Prescription drug and medical device claims payments, electronic funds transfers or
16 remittance advice notices provided by the pharmacy benefits manager as electronic
17 files. The files may be modified only as necessary to comply with the federal Health
18 Insurance Portability and Accountability Act of 1996, Public Law 104-191. In the
19 event that paper claims are provided, the pharmacy benefits manager shall convert the
20 paper claims to an electronic format; and

21 D. Any other revenue and fees derived by the pharmacy benefits manager from the
22 contract, including all direct or indirect remuneration from pharmaceutical
23 manufacturers regardless of whether the remuneration is classified as a rebate, fee or
24 other classification.

25 **4. No conditions or fees on audit.** A pharmacy benefits manager may not impose on
26 a plan sponsor:

27 A. Any fees for requesting an audit under this section that exceed the direct expenses
28 properly and actually incurred by the pharmacy benefits manager to provide the data;

29 B. Any fees associated with selecting an auditor other than an auditor designated by
30 the pharmacy benefits manager; or

31 C. Any conditions that would restrict a plan sponsor's right to conduct an audit under
32 this section, including, but not limited to, restrictions on:

33 (1) The time period covered by the audit;

34 (2) The number of claims analyzed;

35 (3) The type of analysis conducted;

36 (4) The data elements used in the analysis;

37 (5) The plan sponsor's choice of auditor; or

38 (6) The means by which an auditor is compensated by a plan sponsor.

39 **5. Compliance with federal Health Insurance Portability and Accountability Act**
40 **of 1996.** Information provided by a pharmacy benefits manager to a plan sponsor in
41 accordance with this section must comply with any applicable requirements of the federal
42 Health Insurance Portability and Accountability Act of 1996, Public Law 104-191.

6. Application. This section applies to any contract between a pharmacy benefits manager and a plan sponsor that is entered into, issued, amended or renewed on or after January 1, 2026, and an administrator may not enter into, issue, amend or renew any contract on or after January 1, 2026 that contains any provision that violates this section.

SUMMARY

This bill requires administrators and pharmacy benefits managers that provide health coverage or prescription drug coverage under a contract with a plan sponsor, including any person that offers health coverage or prescription drug coverage to its employees or members through a self-funded health benefit plan, to provide certain claims information to a plan sponsor upon request. The bill also gives a plan sponsor the right to request an audit to ensure compliance with a contract at least once every calendar year as long as the request is at least 6 months after a previously requested audit.