

STATE OF MAINE

—  
IN THE YEAR OF OUR LORD  
TWO THOUSAND TWENTY-FIVE

—  
H.P. 173 - L.D. 270

**Resolve, Regarding Legislative Review of Portions of Chapter 850: Health Plan Accountability, a Major Substantive Rule of the Department of Professional and Financial Regulation, Bureau of Insurance**

**Emergency preamble.** Whereas, acts and resolves of the Legislature do not become effective until 90 days after adjournment unless enacted as emergencies; and

**Whereas**, the Maine Revised Statutes, Title 5, chapter 375, subchapter 2-A requires legislative authorization before major substantive agency rules may be finally adopted by the agency; and

**Whereas**, a major substantive rule has been submitted to the Legislature for review; and

**Whereas**, immediate enactment of this resolve is necessary to record the Legislature's position on final adoption of the rule; and

**Whereas**, in the judgment of the Legislature, these facts create an emergency within the meaning of the Constitution of Maine and require the following legislation as immediately necessary for the preservation of the public peace, health and safety; now, therefore, be it

**Sec. 1. Adoption. Resolved:** That final adoption of portions of Chapter 850: Health Plan Accountability, a provisionally adopted major substantive rule of the Department of Professional and Financial Regulation, Bureau of Insurance that has been submitted to the Legislature for review pursuant to the Maine Revised Statutes, Title 5, chapter 375, subchapter 2-A, is authorized only if the following changes are made:

1. The rule is amended in Section 8(G)(1)(c)(i) to remove the requirement that a written adverse health care treatment decision include the name and title of the person or persons evaluating the appeal and replace it with a requirement that the decision attest to the credentials of the person or persons evaluating the appeal and that the person or persons evaluating the appeal were not involved in the initial decision and a requirement that the carrier identify a point of contact by name, address and telephone number to answer specific questions from the enrollee; and

2. The rule is amended in Section 9(B)(2)(b)(i) to remove the requirement that a written adverse benefit determination that does not involve a health care treatment decision include the name and title of the person or persons participating in the grievance review process and replace it with a requirement that the determination attest to the credentials of the person or persons participating in the grievance review process and that the person or persons participating in the grievance review process were not involved in the initial determination and a requirement that the carrier identify a point of contact by name, address and telephone number to answer specific questions from the enrollee.

**Emergency clause.** In view of the emergency cited in the preamble, this legislation takes effect when approved.