

STATE OF MAINE
129TH LEGISLATURE
FIRST SPECIAL AND SECOND REGULAR SESSIONS



Summaries of bills, adopted amendments and laws enacted or finally passed

**JOINT STANDING COMMITTEE ON HEALTH COVERAGE,
INSURANCE AND FINANCIAL SERVICES**

November 2020

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STATE OF MAINE
129TH LEGISLATURE
FIRST SPECIAL AND SECOND REGULAR SESSIONS



**LEGISLATIVE DIGEST OF BILL SUMMARIES AND
ENACTED LAWS**

**SPECIAL NOTICE REGARDING
COVID-19 PANDEMIC**

As a result of the COVID-19 Pandemic, the Second Regular Session of the 129th Legislature adjourned on March 17, 2020, nearly a month prior to the statutory adjournment date of April 15, 2020. Before adjourning, the Legislature passed Joint Order, S.P. 788:

“ORDERED, the House concurring, that all matters not finally disposed of upon the adjournment sine die of the Second Regular Session of the 129th Legislature be carried over, in the same posture, to any special session of the 129th Legislature.”

The “matters not finally disposed of” were in many different postures upon adjournment. In this digest, at the end of each summary of a bill that was carried over by S.P. 788, there is an indication of the posture of the bill at the time of adjournment.

No special session has been held as of the publication of the Digest and none is anticipated, so all bills carried over are expected to die upon the conclusion of the 129th Legislature. However, after the Second Regular Session adjourned and in preparation for the possibility of a special session, a number of committees met and considered a number of bills in their possession. One hundred and sixty bills were acted upon in some way by committees (voted or reported out), among them several new bills that were printed and referred to committee, worked and reported out. **Appendix A** provides a list of the bills that were voted or reported out of committees after the Second Regular Session adjourned.

Joint Standing Committee on Health Coverage, Insurance and Financial Services

LD 30 An Act To Improve Health Care Data Analysis

CARRIED OVER

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
PERRY A SANBORNH		

This bill was carried over in committee from the First Regular Session of the 129th Legislature by joint order, H.P. 1322.

This bill is a concept draft pursuant to Joint Rule 208. The bill proposes to enact measures designed to improve the State's capacity to use data regarding health care costs and health care systems. The State's ability to better analyze and use data regarding health care utilization and health care quality will serve to inform the State's health care policy.

This bill, which had been voted but not yet reported out of committee, was carried over in committee to any special session of the 129th Legislature by joint order, S.P. 788.

LD 51 An Act To Implement the Recommendations of the Task Force on Health Care Coverage for All of Maine

ONTP

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
SANBORN H	ONTP	

This bill was carried over in committee from the First Regular Session of the 129th Legislature by joint order, H.P. 1322.

This bill, which is a concept draft pursuant to Joint Rule 208, proposes to implement the recommendations of the Task Force on Health Care Coverage for All of Maine.

LD 366 An Act To Protect Elderly Persons from Financial Abuse

ONTP

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
FOLEYR	ONTP	

This bill was carried over in committee from the First Regular Session of the 129th Legislature by joint order, H.P. 1322.

This bill, which is a concept draft pursuant to Joint Rule 208, proposes to protect elderly persons from financial scamming and abuse.

Joint Standing Committee on Health Coverage, Insurance and Financial Services

**LD 477 An Act To Provide Relief to Federal Employees Affected by a Federal
Shutdown**

CARRIED OVER

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
JACKSON T GIDEON S	OTP-AM ONTP	S-1

This bill was carried over from the First Regular Session of the 129th Legislature on the Special Appropriations Table by joint order, H.P. 1322.

The bill establishes the Federal Shutdown Loan Guarantee Program. The program, administered by the Finance Authority of Maine, provides easier access to no-interest loans for certain federal employees in Maine affected by the partial shutdown of the Federal Government, which began December 22, 2018, by guaranteeing up to 10% of the loans eligible credit unions and financial institutions make to affected employees. Under the bill, affected employees are eligible for up to three loans, each equal to their monthly after-tax pay, up to \$5,000, less unemployment benefits. The bill prohibits interest on the loans during the shutdown and for 270 days after the shutdown ends. Following the end of the 270 days, an eligible financial institution that made a loan under the program, after a good faith effort to collect the principal amount of the loan, may apply to the authority for repayment of the uncollected amount of the loan in default. The authority is required to make reasonable efforts to recoup the amount of any payments made to eligible financial institutions from the employee who defaulted on the loan.

The bill gives the Joint Standing Committee on Appropriations and Financial Affairs authority to report out legislation to address any funding needs of the program.

Committee Amendment "A" (S-1)

This amendment is the majority report of the committee. This amendment:

1. Amends the definition of "shutdown" to mean a full or partial shutdown of the Federal Government between February 15, 2019, and December 31, 2019, that lasts longer than 14 days;
2. Adds language to require that any unexpended funds be returned to the unappropriated surplus of the General Fund upon the termination of the program;
3. Amends the definition of a credit union or financial institution in good standing to mean a credit union or financial institution insured by the Federal Deposit Insurance Corporation or the National Credit Union Administration;
4. Simplifies the process for a credit union or financial institution to participate in the program;
5. Extends the time period for an eligible financial institution to make a claim for a loan guarantee from between 180 and 210 days following the end of the grace period to between 180 and 300 days following the end of the grace period;
6. Requires the Treasurer of State to make loan guarantee payments to the Finance Authority of Maine, or FAME, instead of the eligible financial institution;
7. Clarifies that an eligible financial institution may not use an affected employee's creditworthiness as a factor to determine eligibility for the program;

Joint Standing Committee on Health Coverage, Insurance and Financial Services

- 8. Clarifies that the terms of the loan agreement under the program apply notwithstanding any other state or federal law to the contrary;
- 9. Requires that an eligible financial institution disclose that loan information may be shared with FAME;
- 10. Clarifies that loans may not be made under the program after a shutdown ends;
- 11. Requires that the transfer from the unappropriated surplus of the General Fund happen no later than 14 days following the effective date of this legislation instead of no later than February 15, 2019;
- 12. Requires that the Joint Standing Committee on Appropriations and Financial Affairs consult with the Joint Standing Committee on Health Coverage, Insurance and Financial Services before reporting out any legislation to address funding needs for the program; and
- 13. Corrects an error in the allocations section of the bill.

This bill was again carried over, still on the Special Appropriations Table, to any special session of the 129th Legislature by joint order, S.P. 788.

LD 519 An Act To Expand Adult Dental Health Insurance Coverage CARRIED OVER

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
BROOKS H		

This bill was carried over in committee from the First Regular Session of the 129th Legislature by joint order, H.P. 1322.

This bill expands the availability of coverage for comprehensive dental services.

Part A of the bill broadens the scope of required coverage under the MaineCare program for adults. Under current law, coverage for adults over age 21 is limited to certain services.

Part B of the bill requires health insurance carriers to provide coverage for comprehensive dental services. Part B applies to policies and contracts issued or renewed on or after January 1, 2020.

Part C of the bill requires dentists as a condition of license renewal to adopt and implement policies to provide comprehensive dental services through charity care or financial assistance to persons without MaineCare coverage or private health insurance. Part C also authorizes the Board of Dental Practice to adopt rules relating to this requirement.

This bill, which had been voted but not yet reported out of committee, was carried over in committee to any special session of the 129th Legislature by joint order, S.P. 788.

LD 594 An Act To Promote Individual Savings Accounts through a Public-Private Partnership CARRIED OVER

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
VITELLIE TEPLER D		

Joint Standing Committee on Health Coverage, Insurance and Financial Services

This bill was carried over in committee from the First Regular Session of the 129 Legislature by joint order, H.P. 1322

This bill establishes the Maine Retirement Savings Board and authorizes the board to develop a program to offer individual defined contribution retirement accounts for persons employed in the State who do not have access to a qualified retirement plan through their employers or who are self-employed.

This bill, which had been voted but not yet reported out of committee, was carried over in committee to any special session of the 129th Legislature by joint order, S.P. 788.

LD 598 An Act Regulating Employee Benefit Excess Insurance

Accepted Majority (ONTP) Report

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
LAWRENCE M	ONTP OTP-AM	

This bill was carried over in committee from the First Regular Session of the 129th Legislature by joint order, H.P. 1322.

This bill provides that an insurer or a subsidiary of an insurer may not provide employee benefit excess insurance to an employer that is eligible for a small group health plan.

Committee Amendment "A" (S-404)

This amendment is the minority report of the committee and replaces the bill. The amendment sets forth requirements for rating of employee benefit excess insurance offered to small employers and for reporting information related to employee benefit excess insurance for small employers to the Superintendent of Insurance.

Committee Amendment "A" was not adopted.

LD 1085 An Act To Ensure That Maine Residents Have Adequate and Affordable Access to Health Care

ONTP

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
SANBORN L HUBBELL B	ONTP	

This bill was carried over in committee from the First Regular Session of the 129th Legislature by joint order, H.P. 1322.

This bill, which is a concept draft pursuant to Joint Rule 208, proposes to ensure that consumer protections in health insurance are maintained under state law.

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This bill was carried over in committee from the First Regular Session of the 129th Legislature by joint order, H.P. 1322.

This bill requires insurers, health maintenance organizations and nonprofit hospitals or medical service organizations to provide coverage for the services of certified registered nurse anesthetists provided to individuals.

This bill, which had been voted but not yet reported out of committee, was carried over in committee to any special session of the 129th Legislature by joint order, S.P. 788.

LD 1591 An Act To Provide Access to Health Care for Maine Citizens ONTP

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
BRENNAN M	ONTP	

This bill was carried over in committee from the First Regular Session of the 129th Legislature by joint order, H.P. 1322.

This bill specifies that the base year for the hospital tax imposed under the Maine Revised Statutes, Title 36, section 2892 is 2018. It directs the Department of Health and Human Services to submit a plan to the Joint Standing Committee on Health and Human Services regarding how the additional state revenue resulting from that change can be used for the Medicare Buy-in Program and for subsidies under the federal Patient Protection and Affordable Care Act.

Current law provides that each hospital may voluntarily hold its consolidated operating margin to no more than 3% and its increase in its expense per casemix-adjusted inpatient and volume-adjusted outpatient discharge to no more than 110% of the forecasted increase in the hospital market basket index for the coming federal fiscal year. The bill does not change those percentages but requires the Department of Health and Human Services to annually establish recommended percentages for each hospital.

The bill requires the Department of Health and Human Services, in consultation with relevant other state agencies, federal agencies and interested parties, to design a wholesale prescription drug importation program. It requires the department to submit the design for the wholesale prescription drug importation program to the Joint Standing Committee on Health Coverage, Insurance and Financial Services and authorizes the committee to report out a bill to the Second Regular Session of the 129th Legislature.

LD 1611 An Act To Support Universal Health Care CARRIED OVER

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
BROOKS H BELLOWS S		

This bill was carried over in committee from the First Regular Session of the 129th Legislature by joint order, H.P. 1322.

This bill establishes the Maine Health Plan to provide universal health care coverage to all residents of this State. The bill is modeled on proposed legislation considered in Minnesota.

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and geographic area may not exceed 2.5. The changes in the bill reinstate the rating provisions in place before the enactment of Public Law 2011, chapter 90.

This bill, which had been voted but not yet reported out of committee, was carried over in committee to any special session of the 129th Legislature by joint order, S.P. 788.

LD 1660 An Act To Improve Access to Physician Assistant Care

**PUBLIC 627
EMERGENCY**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
SANBORN L STEWART T	OTP-AM	S-432 S-444 SANBORN L

This bill was carried over in committee from the First Regular Session of the 129th Legislature by joint order, H.P. 1322.

This bill makes the following changes to the laws governing the licensing and scope of practice of physician assistants.

1. It increases the membership of the Board of Osteopathic Licensure and the Board of Licensure in Medicine from 10 to 11 members by changing the number of members on each board who are physician assistants from one member to two members.
2. It establishes provisions for the scope of practice, insurance coverage of services and immunity from liability for providing volunteer medical services during emergencies or disasters and clarifies that physician assistants are primary care providers when practicing in a medical specialty required for a physician to be a primary care provider.
3. It removes registration and physician supervisory requirements.
4. It establishes requirements for physician assistant collaboration and consultation with physicians and other health care professionals.
5. It changes the initial licensing fee from \$250 to \$300.
6. It provides a transition provision for physician assistant licenses that are current and not subject to disciplinary action.

Committee Amendment "A" (S-432)

This amendment replaces the bill and does the following.

In Part A, the amendment requires health insurance carriers to allow physician assistants to serve as primary care providers under managed care plans. It also specifies that carriers are required to provide coverage for services provided by physician assistants if those services are within a physician assistant's scope of practice and are covered services under a health plan and makes that provision applicable to contracts issued or renewed on or after January 1, 2021.

In Part B, the amendment makes the following changes to the laws governing the licensing and scope of practice of physician assistants.

1. It increases the membership of the Board of Osteopathic Licensure and the Board of Licensure in Medicine from 10 to 11 members by changing the number of members on each board who are physician assistants from one

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member to two members.

2. It establishes provisions for the scope of practice of physician assistants based on practice setting.
3. It removes registration and physician supervisory requirements and establishes requirements for physician assistants to have collaborative agreements and practice agreements with physicians and other health care professionals.
4. It clarifies that physician assistants are legally responsible for any medical services provided in accordance with collaborative and practice agreements and authorizes the licensing boards to adopt rules related to requirements for collaborative and practice agreements.
5. It changes the fee for an application for initial licensure from up to \$250 to up to \$300.
6. It provides a transition provision for physician assistant licenses that are current and not under investigation.

In Part C, the amendment adds an appropriations and allocations section.

Senate Amendment "A" To Committee Amendment "A" (S-444)

This amendment adds an emergency preamble and an emergency clause to the bill.

Enacted Law Summary

Public Law 2019, chapter 627 makes changes to laws governing the licensing, scope of practice and health insurance coverage of physician assistants.

Part A of Public Law 2019, chapter 627 requires health insurance carriers to allow physician assistants to serve as primary care providers under managed care plans. It also specifies that carriers are required to provide coverage for services provided by physician assistants if those services are within a physician assistant's scope of practice and are covered services under a health plan and makes that provision applicable to contracts issued or renewed on or after January 1, 2021.

Part B of Public Law 2019, chapter 627 makes the following changes to the licensing and scope of practice laws for physician assistants.

1. It increases the membership of the Board of Osteopathic Licensure and the Board of Licensure in Medicine from 10 to 11 members by changing the number of members on each board who are physician assistants from one member to two members.
2. It establishes provisions for the scope of practice of physician assistants based on practice setting.
3. It removes registration and physician supervisory requirements and establishes requirements for physician assistants to have collaborative agreements and practice agreements with physicians and other health care professionals.
4. It clarifies that physician assistants are legally responsible for any medical services provided in accordance with collaborative and practice agreements and authorizes the licensing boards to adopt rules related to requirements for collaborative and practice agreements.
5. It changes the fee for an application for initial licensure from up to \$250 to up to \$300.
6. It provides a transition provision for physician assistant licenses that are current and not under investigation.

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LD 1661 An Act To Create the Drug Donation and Redispensing Program

CARRIED OVER

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
CLAXTON N	OTP-AM	S-227

This bill was carried over from the First Regular Session of the 129th Legislature on the Special Appropriations Table by joint order H.P. 1322.

This bill establishes the drug donation and redispensing program under the Department of Health and Human Services. The program collects donations of unused prescription and legend drugs from health care providers, health care facilities and other sources, including at drop-off locations throughout the State, and redispenses the drugs through participating pharmacies to qualified low-income persons.

Committee Amendment "A" (S-227)

This amendment adds a provision to protect a person from civil or criminal liability and from professional discipline of a licensing board for actions taken by a person in good faith in accordance with the requirements of the drug donation and redispensing program established in the bill.

This bill was again carried over, still on the Special Appropriations Table, to any special session of the 129th Legislature by joint order, S.P. 788.

LD 1673 An Act To Prohibit Prescription Drug Advertising

ONTP

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
CHIPMAN B TEPLER D	ONTP	

This bill was carried over in committee from the First Regular Session of the 129th Legislature by joint order, H.P. 1322.

This bill amends current law, which allows the advertising of prescription drugs only if the advertisement is not misleading, to ban completely, beginning January 1, 2020, the advertising of prescription drugs, either by broadcast by a television or radio station in this State, over the Internet from a location in this State or in a magazine or newspaper printed, distributed or sold in this State. A violation is a violation of the Maine Unfair Trade Practices Act.

LD 1704 An Act To Establish the Securities Restitution Assistance Fund for Victims of Securities Violations

CARRIED OVER

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
HARNETT T CARPENTER M	OTP-AM	H-569

Joint Standing Committee on Health Coverage, Insurance and Financial Services

This bill was carried over from the First Regular Session on the Special Appropriations Table by joint order H.P. 1322.

This bill establishes in the Department of Professional and Financial Regulation, Office of Securities the Securities Restitution Assistance Fund. The fund will be used to provide financial assistance to victims of securities violations that have been awarded restitution in a final order issued by the Securities Administrator or were awarded restitution in a final order in a legal action initiated by the administrator and that have not received the full amount of restitution ordered before the application for restitution assistance is due. The fund will be funded initially by a one-time transfer of \$350,000 from the dedicated revenue of the Office of Securities. Thereafter, the fund will be funded by the civil fines ordered or agreed to by the administrator, a portion of broker-dealer agent and investment adviser representative renewal fees and any grants, donations or other money received by the administrator for victim restitution assistance.

Committee Amendment "A" (H-569)

This amendment replaces the appropriations and allocations section in the bill.

This bill was again carried over, still on the Special Appropriations Table, to any special session of the 129th Legislature by joint order, S.P. 788.

LD 1755 An Act To Move Maine Toward Affordable Health Care for Everyone

**Leave to Withdraw
Pursuant to Joint
Rule**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
JACKSONT		

This bill was carried over in committee from the First Regular Session of the 129th Legislature by joint order, H.P. 1322.

This bill requires the Commissioner of Health and Human Services to submit a waiver under Section 1332 of the federal Patient Protection and Affordable Care Act to establish a MaineCare purchase option so that residents of Maine who are not otherwise eligible for the MaineCare program may participate in the program. The waiver must include authority for individuals who qualify for advance tax credits and cost-sharing credits to use them to purchase coverage through the MaineCare program. Individuals participating in the MaineCare purchase option may access the same services as other MaineCare members. The commissioner is required to implement mechanisms to ensure the long-term sustainability of the MaineCare purchase option. Rates are set by the Department of Health and Human Services and determined actuarially, and the open enrollment period is the same as the period for individuals purchasing insurance on the federal exchange. The department is required to submit a progress report on the request for the waiver as well as annual reports to the joint standing committees of the Legislature having jurisdiction over health and human services matters and insurance matters.

LD 1764 An Act To Prevent Insurance Discrimination in Life, Long-term Care and Disability Income Insurance

PUBLIC 596

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
SANBORN H	OTP-AM ONTP	S-403

Joint Standing Committee on Health Coverage, Insurance and Financial Services

This bill was carried over in committee from the First Regular Session of the 129th Legislature by joint order H.P. 1322.

This bill, which is a concept draft pursuant to Joint Rule 208, proposes to amend the Maine Insurance Code to prevent denial of life insurance for persons who take preexposure prophylaxis medication to prevent HIV infection.

Committee Amendment "A" (S-403)

This amendment, which is the majority report of the committee, replaces the bill and changes the title. The amendment prohibits a denial or limitation of coverage or an increase in insurance premiums under a life, disability income or long-term care insurance policy based on the fact that an individual has been prescribed preexposure prophylaxis medication to prevent HIV infection.

Enacted Law Summary

Public Law 2019, chapter 596 prohibits a denial or limitation of coverage or an increase in insurance premiums under a life, disability income or long-term care insurance policy based on the fact that an individual has been prescribed preexposure prophylaxis medication to prevent HIV infection.

LD 1767 An Act To Increase the Efficiency of Certain Consumer Credit Protection Laws

CARRIED OVER

Sponsor(s)

FOLEYR

Committee Report

Amendments Adopted

This bill was carried over in committee from the First Regular Session of the 129th Legislature by joint order, H.P. 1322.

Part A of this bill does the following.

1. It clarifies the jurisdiction of the Department of Professional and Financial Regulation, Bureau of Consumer Credit Protection to regulate transactions entered into by mail, telephone or electronic mail or using a creditor's website when the consumer is located in Maine.
2. It establishes that an automobile seller is regularly engaged in credit sales if the seller sells more than 15 cars per year on credit. Currently, a dealer can sell up to 25 cars a year on credit without complying with any disclosure, rate cap or repossession standards.
3. It defines a supervised lender to include a company that purchases and collects on supervised loans, regardless of whether the company maintains an office in this State. Current law already holds in-state companies to this standard.
4. It clarifies confidentiality provisions by referencing an exception currently found in another section of the Maine Consumer Credit Code.
5. It authorizes the Superintendent of Consumer Credit Protection to adjust fees to support the costs of compliance and staff attorney positions with revenues derived from nonbank mortgage companies. It also allows the superintendent to reduce fees by order.
6. It corrects a reference to the Superintendent of Consumer Credit Protection.
7. It specifically provides that the Superintendent of Consumer Credit Protection or the Superintendent of Financial

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Institutions has the authority, after notice to the licensee and opportunity to be heard, to suspend, revoke or deny renewal of a payroll processor's license.

8. It confirms the ability of the Bureau of Consumer Credit Protection to regulate transmission of digital currencies, such as Bitcoin.

9. It clarifies the definition of "debt buyer" as a regular purchaser of delinquent debt, regardless of whether the delinquent debt has been charged off and removed as an account from the books of the creditor as an asset and treated as a loss or expense.

10. It establishes the Superintendent of Consumer Credit Protection's authority over debt collectors consistent with authority granted the administrator with respect to other license types.

11. It adds to the laws governing debt collectors' routine enforcement authority consistent with authority currently applied with respect to consumer lenders and creditors.

12. It adds to the laws governing debt collectors an assurance of discontinuance as an enforcement option consistent with current law applicable to consumer lenders and creditors.

Part B repeals mortgage lending restrictions applicable to nonbank mortgage lenders that have been made unnecessary due to subsequent enhancements to federal mortgage lending laws.

Part C does the following.

1. It permits the use of a nationwide multistate licensing system to process licenses and registrations with respect to general creditors, debt collectors, money transmitters and other entities regulated by the Bureau of Consumer Credit Protection. It also authorizes the use of that system by large, national companies that already use the system for their licenses in other states.

2. It amends a notification date provision in the law to permit the Bureau of Consumer Credit Protection to use the nationwide mortgage licensing system for different business types.

Part D does the following.

1. It repeals language that requires annual reports to the joint standing committee of the Legislature having jurisdiction over insurance and financial services matters.

2. It repeals language that requires a report to the Legislature every 90 days on the activities of the Bureau of Consumer Credit Protection's foreclosure intake, counseling and referral program.

3. It consolidates accounts within the Bureau of Consumer Credit Protection.

4. It repeals language that requires the Bureau of Consumer Credit Protection to report to the Legislature every six months on the budgetary aspects of the bureau's foreclosure intake, counseling and referral program.

This bill, which had been voted but not yet reported out of committee, was carried over in committee to any special session of the 129th Legislature by joint order, S.P. 788.

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**LD 1854 An Act To Increase the Minimum Amount of Insurance Coverage
Required for Medical Payments for Vehicle Liability Insurance** **Accepted Majority
(ONTP) Report**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MOONEN M	ONTP OTP	

This bill increases from \$2,000 to \$5,000 the amount of minimum medical payment coverage for motor vehicle liability policies issued or renewed on or after January 1, 2021.

**LD 1866 An Act To Increase the Automatic Draft Authority for Licensed
Insurance Producers** **PUBLIC 591
EMERGENCY**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
FOLEY R SAMPSON H	OTP-AM	S-399

This bill increases the standard automatic draft authority for licensed insurance producers from \$5,000 to \$10,000 and allows for a temporary increase of \$20,000 in the event of a severe weather occurrence.

Committee Amendment "A" (S-399)

This amendment adds a cross-reference to the bill to maintain consistency with current law that recognizes the ability of the Superintendent of Insurance to authorize the adjustment of insurance claims by unlicensed adjusters after catastrophic losses.

Enacted Law Summary

Under current law, licensed insurance producers may be authorized by contract with an insurer to settle and pay claims in amounts up to \$5000 without a separate adjuster license. Public Law 2019, chapter 591 increases that amount from \$5,000 to \$10,000 and allows for a temporary increase to \$20,000 after catastrophic losses.

Public Law 2019, chapter 591 was enacted as an emergency measure effective March 17, 2020.

**LD 1872 Resolve, Regarding Legislative Review of Portions of Chapter 12:
Licensure of Manufacturers and Wholesalers, a Major Substantive Rule
of the Department of Professional and Financial Regulation, Maine
Board of Pharmacy** **RESOLVE 115
EMERGENCY**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
	OTP	

This resolve provides for legislative review of portions of Chapter 12: Licensure of Manufacturers and Wholesalers, a major substantive rule of the Department of Professional and Financial Regulation, Maine Board of Pharmacy.

Enacted Law Summary

Resolve 2019, chapter 115 authorizes final adoption of portions of Chapter 12: Licensure of Manufacturers and Wholesalers, a Major Substantive Rule of the Department of Professional and Financial Regulation, Maine Board of

Joint Standing Committee on Health Coverage, Insurance and Financial Services

Pharmacy.

Resolve 2019, chapter 115 was finally passed as an emergency measure effective March 9, 2020.

LD 1928 An Act To Prohibit Health Insurance Carriers from Retroactively Reducing Payment on Clean Claims Submitted by Pharmacies

PUBLIC 643

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
LIBBY N TEPLER D	OTP-AM OTP-AM	S-434

This bill prohibits a health insurance carrier from retroactively reducing payment on a properly submitted claim by a pharmacy provider. The bill also prohibits a carrier from charging a pharmacy provider or holding a pharmacy provider responsible for any fee related to a claim that is not apparent at the time the carrier processes the claim, that is not reported on the remittance advice or after the initial claim is adjudicated by the carrier.

Committee Amendment "A" (S-434)

This amendment replaces the bill and is the majority report of the committee. The amendment prohibits a contract between a carrier and a pharmacy provider that is entered into or renewed on or after January 1, 2021, from containing a provision that purports to directly or indirectly charge the pharmacy provider or hold the pharmacy provider responsible for any fee related to a claim that is not apparent at the time the carrier processes the claim, that is not reported on the remittance advice or after the initial claim is adjudicated. The amendment also clarifies that the provision applies to any contract with respect to a prescription drug plan offered by the carrier under which a pharmacy provider is legally obligated, either directly or through an intermediary.

Committee Amendment "B" (S-435)

This amendment replaces the bill and is the minority report of the committee. The amendment prohibits a carrier, a carrier's pharmacy benefits manager or any other entity contracting with a pharmacy provider, either directly or through an intermediary, from charging a pharmacy provider or holding a pharmacy provider responsible for any charge or fee related to a claim that is not apparent at the time the carrier processes the claim, that is not reported on the remittance advice or after the initial claim is adjudicated, unless the carrier provides supporting documentation to the pharmacy provider explaining the contractual basis for the charge or fee.

Committee Amendment "B" was not adopted.

Enacted Law Summary

Public Law 2019, chapter 643 prohibits a contract between a carrier and a pharmacy provider that is entered into or renewed on or after January 1, 2021, from containing a provision that purports to directly or indirectly charge the pharmacy provider or hold the pharmacy provider responsible for any fee related to a claim that is not apparent at the time the carrier processes the claim, that is not reported on the remittance advice or after the initial claim is adjudicated. The law also clarifies that the provision applies to any contract with respect to a prescription drug plan offered by the carrier under which a pharmacy provider is legally obligated, either directly or through an intermediary.

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**LD 1948 An Act To Prohibit, Except in Emergency Situations, the Performance
without Consent of Certain Examinations on Unconscious or
Anesthetized Patients**

PUBLIC 602

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
DOUDERA V SANBORN H	OTP-AM	H-688

This bill provides that, prior to administering or supervising a pelvic examination on an anesthetized or unconscious patient, a physician must obtain the patient's informed consent to the pelvic examination unless the examination is within the scope of the procedure or examination for which the patient has already consented, the pelvic examination of an unconscious patient is required for diagnostic purposes and is medically necessary or the pelvic examination is authorized pursuant to the implied consent provision in the Maine Health Security Act relating to forensic examinations of unconscious alleged victims of sexual assault.

Committee Amendment "A" (H-688)

This amendment replaces the bill.

The amendment requires that, prior to performing or supervising a pelvic, rectal or prostate examination, a health care practitioner must obtain the patient's informed consent to that examination unless the examination of an unconscious patient is required for diagnostic purposes and is medically necessary or the examination is authorized pursuant to the implied consent provision in the Maine Health Security Act relating to forensic examinations of unconscious alleged victims of sexual assault.

The amendment clarifies that the provisions apply more broadly to licensed health care practitioners, not just physicians as in the bill, and reallocates the provision to the Maine Revised Statutes, Title 24, chapter 21, subchapter 5. The amendment expands the scope of the bill to include rectal and prostate examinations and also requires a health care practitioner to obtain the patient's informed consent orally and in writing.

Enacted Law Summary

Public Law 2019, chapter 602 requires that, prior to performing or supervising a pelvic, rectal or prostate examination, a health care practitioner must obtain the patient's informed consent, orally and in writing, to that examination unless the examination of an unconscious patient is required for diagnostic purposes and is medically necessary or the examination is authorized pursuant to the implied consent provision in the Maine Health Security Act relating to forensic examinations of unconscious alleged victims of sexual assault.

**LD 1972 An Act To Increase Access to and Reduce the Cost of Epinephrine
Autoinjectors by Amending the Definition of "Epinephrine
Autoinjector"**

**PUBLIC 560
EMERGENCY**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
SANBORN H CARNEY A	OTP-AM	S-379

This bill amends the definition of "epinephrine autoinjector" in different Titles of the Maine Revised Statutes to include devices approved by the federal Food and Drug Administration that deliver a specific dose of epinephrine by means other than automatic injection of epinephrine into the human body. The bill changes references to epinephrine pen to epinephrine autoinjector.

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Committee Amendment "A" (S-379)

This amendment adds an emergency preamble and emergency clause to the bill.

Enacted Law Summary

Public Law 2019, chapter 560 amends the definition of "epinephrine autoinjector" in different Titles of the Maine Revised Statutes to include devices approved by the federal Food and Drug Administration that deliver a specific dose of epinephrine by means other than automatic injection of epinephrine into the human body. The law also changes references to epinephrine pen to epinephrine autoinjector.

Public Law 2019, chapter 560 was enacted as an emergency measure effective February 21, 2020.

LD 1975 An Act To Facilitate Dental Treatment for Children

PUBLIC 605

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
SANBORN H FARNSWORTH D	OTP-AM OTP-AM	S-401

This bill prohibits a health insurance carrier from imposing a waiting period for any dental or oral health service or treatment, except for orthodontic treatment, for an enrollee under 19 years of age.

Committee Amendment "A" (S-401)

This amendment is the majority report of the committee and replaces the bill.

Like the bill, the amendment prohibits a health insurance carrier or dental insurer from imposing a waiting period for any dental or oral health service or treatment, except for orthodontic treatment, for an enrollee under 19 years of age. The bill allocates the prohibition to the Maine Insurance Code, chapter 56-A. The amendment allocates the prohibition to the appropriate chapters of the Maine Insurance Code to ensure the prohibition applies to stand-alone dental insurance plans and to health insurance plans that provide coverage for dental or oral health services.

The amendment makes clear that the provisions apply to policies and contracts issued or renewed on or after January 1, 2021.

The amendment also corrects a conflict created by Public Law 2019, chapters 274 and 388, which affected the same provision of law.

Committee Amendment "B" (S-402)

This amendment is the minority report of the committee and replaces the bill.

Like the bill, the amendment prohibits a health insurance carrier or dental insurer from imposing a waiting period for any dental or oral health service or treatment, except for orthodontic treatment, for an enrollee under 19 years of age. The bill allocates the prohibition to the Maine Insurance Code, chapter 56-A. The amendment allocates the prohibition to the appropriate chapters of the Maine Insurance Code to ensure the prohibition applies to stand-alone dental insurance plans and to health insurance plans that provide coverage for dental or oral health services.

The amendment makes clear that the provisions apply to policies and contracts issued or renewed on or after January 1, 2021, and repeals the provisions in two years.

The amendment also corrects a conflict created by Public Law 2019, chapters 274 and 388, which affected the same

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provision of law.

Committee Amendment "B" was not adopted.

Enacted Law Summary

Public Law 2019, chapter 605 prohibits a health insurance carrier or dental insurer from imposing a waiting period for any dental or oral health service or treatment, except for orthodontic treatment, for an enrollee under 19 years of age.

The law applies to policies and contracts issued or renewed on or after January 1, 2021.

LD 1985 *Resolve, Directing the Board of Speech, Audiology and Hearing To Adopt Rules To Facilitate Speech-Language Therapy* ONTP

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
BELLOWS S HARNETT T	ONTP	

This resolve directs the Department of Professional and Financial Regulation, Board of Speech, Audiology and Hearing to adopt rules to permit speech-language pathology assistants serving children in school districts to practice under the supervision of more than one speech-language pathologist and to allow speech-language pathologists to supervise up to three speech-language pathology assistants on their license.

LD 1994 *An Act To Promote Efficiency in Regulation of Consumer Credit Statutes* CARRIED OVER

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
FOLEY R		

Part A of this bill amends application and renewal fee provisions for entities licensed and regulated by the Bureau of Consumer Credit Protection to allow the bureau to utilize rulemaking to adjust fees when necessary to fund the consumer protection and regulatory work of the agency or to reduce fees if cash balances in bureau accounts reach unnecessarily high levels. The bill also allows the bureau to use the nationwide mortgage licensing system and registry to license or register regulated entities.

Part B of the bill authorizes the Superintendent of Consumer Credit Protection to appoint a deputy superintendent.

This bill, which had been voted but not yet reported out of committee, was carried over in committee to any special session of the 129th Legislature by joint order, S.P. 788.

LD 1995 *An Act To Enact the Maine Insurance Data Security Act* CARRIED OVER

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
FOLEY R		

This bill enacts the Maine Insurance Data Security Act. The bill establishes standards for information security programs based on ongoing risk assessment for protecting consumers' personal information. The bill establishes

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requirements for the investigation of and notification to the Superintendent of Insurance regarding cybersecurity events.

This bill, which had been voted but not yet reported out of committee, was carried over in committee to any special session of the 129th Legislature by joint order, S.P. 788.

LD 1996 An Act Concerning the Reporting of Health Care Information to the CARRIED OVER
Emergency Medical Services' Board

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
SANBORN H GATTINE D		

This bill amends the laws governing the reporting of health care information to the Department of Public Safety, Maine Emergency Medical Services, Emergency Medical Services' Board.

The bill allows the board to collect or receive health care information or records, including information or records that identify a patient. The bill requires hospitals and physicians, upon request by the board for the purpose of evaluating follow-up assessment and treatment by physicians and hospitals and determining health outcomes, to provide health care information concerning individuals who have received emergency medical treatment.

The bill also makes the reportable health care information confidential. Personally identifiable trauma information is already confidential.

This bill, which had been voted but not yet reported out of committee, was carried over in committee to any special session of the 129th Legislature by joint order, S.P. 788.

LD 2007 An Act To Enact the Made for Maine Health Coverage Act and Improve PUBLIC 653
Health Choices in Maine

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
GIDEON S JACKSON T	OTP-AM	H-765

This bill:

1. Establishes the Made for Maine Health Coverage Act;
2. Establishes the Maine Health Insurance Marketplace Trust Fund;
3. Authorizes the State to enter into state-federal health coverage partnerships that support the availability of affordable health coverage;
4. Establishes a pooled market for individual health plans and small group health plans and changes reinsurance to be retrospective and applied to the pooled market; and
5. Creates clear choice design for cost sharing and requires coverage of certain primary care and behavioral health visits without the application of any deductible.

Committee Amendment "A" (H-765)

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This amendment makes the following changes to the bill.

1. It specifies that the reporting to the Legislature on the operations of the Maine Health Insurance Marketplace is to the joint standing committee of the Legislature having jurisdiction over health coverage, insurance and financial services matters.
2. It adds cross-references to the definitions of "individual health plan" and "small group health plan" to clarify that the requirements for the pooled market do not extend to certain limited benefit insurance plans.
3. It clarifies the intent that a health plan in the pooled market must comply with the requirements of the Maine Revised Statutes, Title 24-A, chapter 56-A.
4. It clarifies that the pooled market does not change current law allowing carriers to limit their operations to a designated service area or to offer different plans within different service areas.
5. It clarifies that the "average premium" trigger is not intended to allow the pooled market to go forward merely on a finding that average premiums for the pooled group will be lower, if savings for nongroup policyholders come at the expense of increased costs for small business. It also adds language requiring the Superintendent of Insurance to conduct an analysis of alternative proposals to stabilize the small group market, should the pooled market not be implemented.
6. It clarifies that the Superintendent of Insurance is required to develop at least one clear choice design plan for each tier and allows carriers to offer up to three alternative plans subject to submission of a satisfactory actuarial certification to the Superintendent of Insurance.
7. It allows the Maine Guaranteed Access Reinsurance Association the option to continue to charge a ceding premium even after converting to a retrospective program.
8. It clarifies that the Maine Guaranteed Access Reinsurance Association is not required to transition to a retrospective reinsurance model in 2022 if the pooled market is not in effect. It does provide the option that the association may elect to move to a retrospective model regardless of the pooled market, subject to approval by the Superintendent of Insurance.
9. It affirms that the reinsurance program is contingent on federal approval, which is an important technical distinction, in order for the program to generate pass-through funding.
10. It limits the scope of the primary care and behavioral health benefit to the individual, small group and future pooled markets and corrects an error that inadvertently made it applicable to large group plans. It clarifies the intent of the bill to apply the primary health services requirement to a total of six visits, three primary care visits and three behavioral health visits, and further requires that copays for the second and third primary care and behavioral health visits must count toward the enrollee's deductible. It adds the word "office" after "behavioral health" for clarity. It requires the Superintendent of Insurance to analyze the effects of the primary health services requirement on premiums following implementation and authorizes the superintendent to adopt rules to address the coordination of the requirements for coverage without cost sharing for the first primary care visit and the requirements with respect to coverage of an annual well visit.
11. It adds an appropriations and allocations section.

Enacted Law Summary

Public Law 2019, chapter 653 establishes the Made for Maine Health Coverage Act. Under the Act, the Maine Health Insurance Marketplace is established pursuant to the federal Affordable Care Act to facilitate the purchase of

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qualified health plans from health insurance carriers in the State and to improve consumer education and outreach related to enrollment in health coverage through the marketplace.

The law authorizes the Commissioner of Health and Human Services to direct the operations of the marketplace and consult with stakeholders regarding the execution of the marketplace's functions. The law requires the Commissioner to accept the recommendations of the Superintendent of Insurance on certification of qualified health plans and to exercise discretion to delegate certain duties to the Superintendent, including plan management.

Initially, the State will operate the marketplace using the federal platform. The law directs the Commissioner to study and assess the feasibility of whether the State should perform all of the functions of a state-based marketplace.

The law requires that all health insurance carriers pay a user fee of 0.5% to support the costs of the marketplace when it operates using the federal platform; the user fee increases to 3% if the State performs all of the marketplace's functions. The Maine Health Insurance Marketplace Trust Fund is created for the deposit of all user fees and other private and public funds to support the purposes of the marketplace.

Public Law 2019, chapter 653 authorizes the State to enter into state-federal health coverage partnerships that support the availability of affordable health coverage, including innovation waivers pursuant to the federal Affordable Care Act. The law allows the Superintendent of Insurance to apply to the appropriate federal agency or agencies to establish or participate in a state-federal health coverage partnership or to modify the terms and conditions of an existing partnership if the superintendent determines that the application, if approved, is likely to improve the affordability, availability or quality of health coverage in this State and the Governor approves the submission of the application.

Public Law 2019, chapter 653 also establishes a pooled market for individual health plans and small group health plans with effective dates of coverage on or after January 1, 2022. The implementation of a pooled market is preconditioned on the adoption of rules and the approval of an innovation waiver by the federal government that both extends reinsurance to the pooled market and projects that average premium rates would be the same or lower than they would have been absent the provisions of this law.

The law changes the scope of the reinsurance mechanism under the Maine Guaranteed Access Reinsurance Association from prospective to retrospective and expands the availability of reinsurance to the pooled market. The law makes other technical changes to statutes governing the association to facilitate reinsurance to the pooled market. It allows the Maine Guaranteed Access Reinsurance Association the option to continue to charge a ceding premium even after converting to a retrospective program. It clarifies that the Maine Guaranteed Access Reinsurance Association is not required to transition to a retrospective reinsurance model in 2022 if the pooled market is not in effect. It does provide the option that the association may elect to move to a retrospective model regardless of the pooled market, subject to approval by the Superintendent of Insurance.

Public Law 2019, chapter 653 requires the Superintendent of Insurance to develop at least one clear choice design plan for each metal level tier under the federal Affordable Care Act for the individual and small group health insurance markets and allows carriers to offer up to three alternative plans subject to submission of a satisfactory actuarial certification to the Superintendent of Insurance. Under the law, "clear choice design" means a set of annual copayments, coinsurance and deductibles for all or a designated subset of the essential health benefits.

The law also requires a health plan in the individual, small group and future pooled markets with an effective date on or after January 1, 2021, to provide coverage without cost sharing for the first primary care and behavioral health visits in each plan year and not to apply a deductible or coinsurance to the second or third primary care and behavioral health visits in a plan year. The requirement does not apply to a plan offered for use with a health savings account unless the federal Internal Revenue Service determines that the benefits required by the law are permissible benefits in a high deductible health plan as defined in the federal Internal Revenue Code.

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**LD 2025 An Act To Clarify the Authorization of Emergency Medical Services
Personnel to Provide Medical Services in a Hospital**

PUBLIC 609

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
JACKSON T TEPLER D	OTP-AM	S-400

This bill allows a hospital to authorize an emergency medical services person to provide to a patient of the hospital in a hospital setting treatment that is within the scope of practice of the emergency medical services person.

The bill repeals and replaces the definition of "emergency medical treatment" in the Maine Emergency Medical Services Act of 1982 to allow that treatment to be provided by emergency medical services persons in a hospital setting if the hospital has authorized treatment in the hospital by emergency medical services persons.

Committee Amendment "A" (S-400)

This amendment replaces the bill. The amendment clarifies that licensing requirements for an emergency medical services person may not be construed to prohibit a person licensed under the Maine Emergency Medical Services Act of 1982 from providing medical services as an employee of a hospital if those services are authorized by the hospital and delegated by a physician.

Enacted Law Summary

Public Law 2019, chapter 609 clarifies that licensing requirements for an emergency medical services person may not be construed to prohibit a person licensed under the Maine Emergency Medical Services Act of 1982 from providing medical services as an employee of a hospital if those services are authorized by the hospital and delegated by a physician.

**LD 2026 An Act To Revise Certain Financial Regulatory Provisions of the Maine
Insurance Code**

CARRIED OVER

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
SANBORN H		

This bill updates several provisions of the Maine Insurance Code by incorporating recent amendments to model laws adopted by the National Association of Insurance Commissioners, or NAIC, and making related technical changes.

It corrects a conflict in the law governing examination of insurers by the Superintendent of Insurance and eliminates obsolete transition language.

It clarifies that adjudicatory proceedings conducted under the Maine Revised Statutes, Title 24-A, section 222 to review changes of control of domestic insurers are governed by the same procedural requirements as other Department of Professional and Financial Regulation, Bureau of Insurance adjudicatory proceedings and that multistate proceedings conducted under Maine law are considered public proceedings to the same extent as single-state proceedings subject only to the exceptions expressly enumerated in Title 24-A, section 222, subsection 7-A, paragraph D.

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It clarifies that when an insurer or insurance group is required to conduct an own risk and solvency assessment, the assessment must be conducted in compliance with the NAIC Own Risk and Solvency Assessment (ORSA) Guidance Manual, as well as include the summary report as required under current law.

It corrects a conflict between Title 24-A, section 731-B, subsections 1 and 3, clarifying that subsection 1 is not the exclusive mechanism by which credit for reinsurance may be granted.

It provides that documents that a certified reinsurer is required to file are not public records if they are confidential under the laws of the reinsurer's domiciliary jurisdiction.

It brings Maine into compliance with the bilateral agreements entered into by the United States with the European Union and the United Kingdom by enacting the 2019 amendments to the NAIC Credit for Reinsurance Model Law, which provide a mechanism for large, financially strong non-United States reinsurers to qualify for eligibility by reciprocity to assume reinsurance from domestic insurers without posting security.

It corrects a NAIC drafting error from 2000 that inadvertently transposed the content of the definitions of "repurchase transaction" and "reverse repurchase transaction."

It corrects an inconsistency between Title 24-A, section 4215, subsection 1, which requires health maintenance organizations, or HMOs, to be examined by the Superintendent of Insurance at least every three years, and Title 24-A, section 221, which applies to HMOs pursuant to Title 24-A, section 4222-B, subsection 5 and which permits the examination period to be extended to five years. It also authorizes the superintendent to accept the domiciliary chief regulatory official's examination in satisfaction of Maine's requirement when a company is domiciled outside Maine. The purpose of these amendments is to allow Maine to participate in coordinated examinations with synchronized schedules for HMOs that are members of insurance groups.

It amends the reciprocity provisions of Maine's receivership laws by recognizing as reciprocal states those states with laws determined by the superintendent to be adequate or substantially similar to the NAIC's model insolvency laws, and brings Maine into conformity with the NAIC's guidelines for interstate recognition of stays and injunctions in receivership.

This bill, which had been voted but not yet reported out of committee, was carried over in committee to any special session of the 129th Legislature by joint order, S.P. 788.

LD 2027 An Act To Clarify Insurance Requirements under the Peer-to-peer Car Sharing Insurance Act

CARRIED OVER

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
SANBORN H TEPLER D		

This bill makes the following changes to clarify the Peer-to-peer Car Sharing Insurance Act.

1. It allows a peer-to-peer car sharing program provider to provide satisfactory evidence of solvency and a financial ability to pay in lieu of comprehensive and collision insurance coverage.
2. It limits the liability of a peer-to-peer car sharing program provider for a loss or injury during a car sharing period or while a motor vehicle is under the control of a provider to no more than three times the State's minimum financial responsibility requirements.
3. It provides that a peer-to-peer car sharing program provider is not liable for a loss or injury during a car sharing

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amendments to the rule prior to final adoption.

Enacted Law Summary

Resolve 2019, chapter 136 authorizes final adoption of portions of Chapter 104: Maine State Services Manual, Section 8, Wholesale Prescription Drug Importation Program, a major substantive rule of the Department of Health and Human Services, only if the department incorporates certain specific amendments to the rule prior to final adoption.

The resolve requires that the rule be amended to specify that the Department of Health and Human Services shall submit an application to the United States Department of Health and Human Services to establish a state importation program no later than May 1, 2020. The resolve also requires that the rule be amended to also require that, if the final federal rule is not released before May 1, 2020, the department shall submit a subsequent or revised application to establish a state importation program as soon as is practicable after the release of the final federal rule.

Resolve 2019, chapter 123 was finally passed as an emergency measure effective March 18, 2020.

LD 2095 An Act To Require Appropriate Coverage of and Cost-sharing for ONTP Generic Drugs and Biosimilars

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
JACKSON T GIDEON S	ONTP	

This bill establishes requirements for the coverage of and cost-sharing for generic drugs, biosimilars and branded pharmaceuticals when dispensed by pharmacies as outpatient prescription drugs under health plans offered by carriers that provide coverage for prescription drugs.

LD 2096 An Act To Save Lives by Capping the Out-of-pocket Cost of Certain PUBLIC 666 Medications EMERGENCY

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
GIDEON S JACKSON T	OTP-AM	H-772 H-778 MOONEN M

This bill provides that a health insurance carrier that provides coverage for prescription insulin drugs may not impose a cost-sharing requirement on the enrollee that results in out-of-pocket costs to the enrollee in excess of \$100 per 30-day supply of insulin.

Committee Amendment "A" (H-772)

This amendment replaces the bill.

Part A provides that a health insurance carrier that provides coverage for prescription insulin drugs may not impose a cost-sharing requirement on an enrollee that results in out-of-pocket costs to the enrollee in excess of \$35 per prescription for a 30-day supply of insulin. The requirements apply to all health insurance policies issued or renewed on or after January 1, 2021.

Part B authorizes a pharmacist to dispense emergency refills of insulin and associated insulin-related supplies. The amendment requires that the insulin dispensed be in a quantity that is the lesser of a 30-day supply and the smallest

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available package. The amendment also requires the Maine Board of Pharmacy to adopt rules to establish adequate training requirements and protocols for dispensing insulin.

House Amendment "A" To Committee Amendment "A" (H-778)

This amendment adds an emergency preamble and an emergency clause to the bill.

Enacted Law Summary

Public Law 2019, chapter 666 provides that a health insurance carrier that provides coverage for prescription insulin drugs may not impose a cost-sharing requirement on an enrollee that results in out-of-pocket costs to the enrollee in excess of \$35 per prescription for a 30-day supply of insulin. The requirements apply to all health insurance policies issued or renewed on or after January 1, 2021.

Public Law 2019, chapter 666 also authorizes a pharmacist to dispense emergency refills of insulin and associated insulin-related supplies. The law requires that the insulin dispensed be in a quantity that is the lesser of a 30-day supply and the smallest available package. The law also requires the Maine Board of Pharmacy to adopt rules to establish adequate training requirements and protocols for dispensing insulin.

Public Law 2019, chapter 666 was enacted as an emergency measure effective March 18, 2020.

LD 2105 An Act To Protect Consumers from Surprise Emergency Medical Bills

**PUBLIC 668
EMERGENCY**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
GIDEON S SANBORN H	OTP-AM	H-773 H-777 MOONEN M

This bill amends the law providing consumer protection for surprise medical bills to include surprise bills for emergency services. In the event of a dispute with respect to a surprise medical bill, the bill directs the Superintendent of Insurance to develop an independent dispute resolution process to determine a reasonable payment for health care services.

Committee Amendment "A" (H-773)

This amendment replaces the bill.

The amendment amends the law providing consumer protection for surprise medical bills to include surprise bills for emergency services and also extends the same protections to bills for covered emergency services rendered by out-of-network providers. The amendment clarifies that consumers must be held harmless and not subject to balance billing for these services and specifies that consumers are responsible only for any applicable cost sharing determined as if the health care services were rendered by a network provider.

In the event of a dispute with respect to only a surprise bill for emergency services or a bill for covered emergency services rendered by an out-of-network provider, the amendment directs the Superintendent of Insurance to develop an independent dispute resolution process to determine a reasonable payment for health care services beginning no later than October 1, 2020.

The amendment requires the Emergency Medical Services' Board to convene a stakeholder group to review reimbursement rates for ambulance services.

The amendment also adds an appropriations and allocations section.

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House Amendment "A" To Committee Amendment "A" (H-777)

This amendment adds an emergency preamble and emergency clause to the bill.

Enacted Law Summary

Public Law 2019, chapter 668 amends the law providing consumer protection for surprise medical bills to include surprise bills for emergency services and also extends the same protections to bills for covered emergency services rendered by out-of-network providers. The law clarifies that consumers must be held harmless and not subject to balance billing for these services and specifies that consumers are responsible only for any applicable cost sharing determined as if the health care services were rendered by a network provider.

In the event of a dispute with respect to only a surprise bill for emergency services or a bill for covered emergency services rendered by an out-of-network provider, the law directs the Superintendent of Insurance to develop an independent dispute resolution process to determine a reasonable payment for health care services beginning no later than October 1, 2020.

Public Law 2019, chapter 668 also requires the Emergency Medical Services' Board to convene a stakeholder group to review reimbursement rates for ambulance services.

Public Law 2019, chapter 668 was enacted as an emergency measure effective March 18, 2020.

LD 2106 An Act Regarding Prior Authorizations for Prescription Drugs

CARRIED OVER

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
GRATWICK G HYMANSON P		

This bill makes the following changes.

1. It adds a definition of "prior authorization" and clarifies the definitions of "medically necessary health care" and "participating provider" used in the Maine Insurance Code, chapter 56-A.
2. It sets forth additional requirements for carriers to facilitate the processing of prior authorization requests for prescription drugs by providers.

This bill, which had been voted but not yet reported out of committee, was carried over in committee to any special session of the 129th Legislature by joint order, S.P. 788.

LD 2108 An Act Regarding Health Insurance Options for Town Academies

**PUBLIC 669
EMERGENCY**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
CARPENTER M JAVNER K	OTP	

This bill makes a retired employee of an academy approved for tuition purposes in accordance with the Maine Revised Statutes, Title 20-A, sections 2951 to 2955 eligible for coverage under the group health plan available to state employees and other eligible persons.

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Enacted Law Summary

Public Law 2019, chapter 669 makes a retired employee of an academy approved for tuition purposes in accordance with the Maine Revised Statutes, Title 20-A, sections 2951 to 2955 eligible for coverage under the group health plan available to state employees and other eligible persons.

Public Law 2019, chapter 669 was enacted as an emergency measure effective March 18, 2020.

LD 2110 An Act To Lower Health Care Costs

CARRIED OVER

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
JACKSON T GIDEON S	OTP-AM	S-441

This bill establishes the Maine Commission on Affordable Health Care to monitor health care spending growth in the State and also set health care quality benchmarks. The bill also requires the commission to establish health care spending targets for public payors, including separate targets for prescription drugs.

Committee Amendment "A" (S-441)

This amendment replaces the bill.

The amendment establishes the Office of Affordable Health Care within the Legislature. The office is charged with analyzing data from the Maine Health Data Organization and the Maine Quality Forum and making recommendations to the joint standing committee of the Legislature having jurisdiction over health coverage matters on methods to improve the cost-efficient provision of high-quality health care to the residents of this State. The office is required to hold an annual public hearing on cost trends no later than October 1st annually at which the public may comment on health care cost trends. The office is required to submit an annual report.

The office is independent and nonpartisan, and the legislative committee and an advisory council provide advice on matters affecting health care costs in the State. The advisory council consists of eight appointed members, including a member who represents hospital interests, a member who represents primary care provider interests, a member who represents a health care consumer advocacy organization, a member who represents health insurance interests, a member who represents purchasers of health care, a member who represents the health care workforce, a member who represents the interests of older residents of this State and a member with demonstrated expertise in health care delivery, health care management at a senior level or health care finance and administration. The Commissioner of Administrative and Financial Services and the Commissioner of Health and Human Services are ex officio members of the advisory council.

This bill was carried over on the Special Appropriations Table to any special session of the 129th Legislature by joint order, S.P. 788.

LD 2111 An Act To Establish Patient Protections in Billing for Health Care

**PUBLIC 670
EMERGENCY**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
CLAXTON N TEPLER D	OTP-AM	H-781 MOONEN M S-442

Joint Standing Committee on Health Coverage, Insurance and Financial Services

This bill makes the following changes.

1. The bill requires health care entities, which includes health care practitioners and facilities, to disclose the average cost in the State for the service for which a patient has been scheduled and the entities offering the service at the highest and lowest rates in the State if the patient has been scheduled or referred for one of the 25 highest cost services or procedures.
2. The bill requires health care entities to disclose that a health care facility use fee will be charged and identify that fee separately on any bill provided to a patient.
3. The bill prohibits a health care entity from charging a patient when a billing statement has not been provided within six months of the date the patient received the services.
4. The bill requires a health care entity to disclose to a federal Medicare patient who is on observation status that the patient's observation status may increase the patient's out-of-pocket costs associated with a stay at a health care entity and the estimated increase in the patient's out-of-pocket costs.
5. The bill provides that a carrier must require a provider receiving a referral to disclose to the patient whether the provider is an out-of-network provider.
6. The bill prohibits a health insurance carrier from charging any fee for the transfer of a patient between providers or for the transfer of patient records between providers unless the fee is disclosed and directly related to the costs associated with making that transfer of the patient or the patient's medical records.

Committee Amendment "A" (S-442)

This amendment replaces the bill and makes the following changes.

1. It requires a health care entity to disclose to a federal Medicare patient who is on observation status in a single notice the required disclosure of that status required by federal Medicare rules, that the patient's observation status may have an impact on the patient's financial liability and that the patient may meet with a representative from the health care entity's financial office to discuss the patient's potential financial liability.
2. It requires that a provider receiving a nonemergency referral disclose to the patient whether the provider is an out-of-network provider.
3. It prohibits a health care entity from charging any fee for the transfer of a patient between providers or for the transfer of patient records between providers unless the fee is disclosed and directly related to the costs associated with making that transfer of the patient or the patient's medical records.

House Amendment "A" To Committee Amendment "A" (H-781)

This amendment adds an emergency preamble and an emergency clause to the bill.

Enacted Law Summary

Public Law 2019, chapter 670 requires a health care entity to disclose to a federal Medicare patient who is on observation status in a single notice the required disclosure of that status required by federal Medicare rules, that the patient's observation status may have an impact on the patient's financial liability and that the patient may meet with a representative from the health care entity's financial office to discuss the patient's potential financial liability.

The law requires that a provider receiving a nonemergency referral disclose to the patient whether the provider is an out-of-network provider.

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The law prohibits a health care entity from charging any fee for the transfer of a patient between providers or for the transfer of patient records between providers unless the fee is disclosed and directly related to the costs associated with making that transfer of the patient or the patient's medical records.

Public Law 2019, chapter 670 was enacted as an emergency measure effective March 18, 2020.

LD 2116 An Act To Improve Prescription Information Access

ONTP

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
CRAVEN M SANBORN L	ONTP	

This bill requires a two-dimensional machine-scannable barcode that allows a patient to digitally access prescription information to appear on the prescription label. It also makes a clarifying technical correction.

LD 2133 An Act To Implement Recommendations for Review of the Licensing Laws for Certain Licensed Health Professionals Pursuant to the State Government Evaluation Act

CARRIED OVER

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>

This bill was reported out by the Joint Standing Committee on Health Coverage, Insurance and Financial Services pursuant to the Maine Revised Statutes, Title 3, section 955, subsection 4.

The bill implements recommendations related to the committee's review of the Board of Licensure in Medicine, the Board of Osteopathic Licensure, the State Board of Nursing, the State Board of Optometry and the Board of Dental Practice.

The bill directs each board, in consultation with interested parties, to review the licensing laws and rules for the board and to recommend changes to update those laws and rules no later than February 15, 2021. The bill authorizes the joint standing committee of the Legislature having jurisdiction over health coverage, insurance and financial services matters to report out a bill to the First Regular Session of the 130th Legislature based on the board's recommendations.

The committee reported the bill out for the sole purpose of turning the recommendations into a printed bill that could be referred to the committee for an appropriate public hearing and subsequent processing in the normal course. The committee took this action to ensure clarity and transparency in the legislative review of this bill.

This bill, which had been voted but not yet reported out of committee, was carried over in committee to any special session of the 129th Legislature by joint order, S.P. 788.

Joint Standing Committee on Health Coverage, Insurance and Financial Services

LD 2143 An Act Regarding Travel Insurance in the Maine Insurance Code

CARRIED OVER

Sponsor(s)

MORRIS J

Committee Report

Amendments Adopted

This bill amends the laws governing the sale of travel insurance in the State.

The bill:

1. Defines necessary terms;
2. Provides that travel insurance must be classified and filed under an inland marine line of insurance subject to certain exceptions;
3. Amends the license requirements for selling travel insurance;
4. Assesses a premium tax on travel insurance premiums and establishes reporting requirements;
5. Establishes requirements for travel protection plans;
6. Establishes sales practices for travel insurers;
7. Establishes requirements for travel administrators for travel insurance; and
8. Authorizes the Superintendent of Insurance to adopt rules relating to the sale of travel insurance.

This bill, which had been voted but not yet reported out of committee, was carried over in committee to any special session of the 129th Legislature by joint order, S.P. 788.

LD 2146 An Act To Implement the Recommendations of the Board of Dental Practice Related to the Definitions of "Supervision" and "Teledentistry"

CARRIED OVER

Sponsor(s)

Committee Report

Amendments Adopted

This bill was reported by the committee to implement the recommendations of the Board of Dental Practice that were included in the report required by Public Law 2019, chapter 388. This bill was referred back to the committee for processing in the normal course.

The bill makes the following changes.

1. It makes changes to the definitions of "direct supervision" and "general supervision" and makes corresponding changes to the activities that may be performed under direct or general supervision by a person licensed by the Board of Dental Practice.
2. It makes changes to provisions governing the delegation authority of dentists to unlicensed persons and to

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persons licensed by the Board of Dental Practice.

3. It adds a definition of "teledentistry" and authorizes oral health care services and procedures to be provided through teledentistry in accordance with rules adopted by the Board of Dental Practice.

4. It directs the Board of Dental Practice to recommend changes to the scope of practice for dental hygienists and dental therapists for the purpose of aligning current practice settings and reflecting advancements in the profession and technology. The Board of Dental Practice is required to submit its recommendations to the joint standing committee of the Legislature having jurisdiction over health coverage, insurance and financial services matters no later than February 1, 2021. The joint standing committee may report out a bill to the First Regular Session of the 130th Legislature based on the board's recommendations.

This bill, which had been voted but not yet reported out of committee, was carried over in committee to any special session of the 129th Legislature by joint order, S.P. 788.

*Joint Standing Committee on Health Coverage, Insurance and
Financial Services*

SUBJECT INDEX

Banking and Credit Unions

Not Enacted

LD 366 **An Act To protect Elderly Persons from Financial Abuse** **ONTP**

Consumer Credit

Not Enacted

LD 1767 **An Act To Increase the Efficiency of Certain Consumer Credit Protection
Laws** **CARRIED OVER**

LD 1994 **An Act To Promote Efficiency in Regulation of Consumer Credit Statutes** **CARRIED OVER**

Health Information and Data

Enacted

LD 2078 **Resolve, Regarding Legislative Review of Portions of Chapter 100:
Enforcement Procedures, a Major Substantive Rule of the Maine Health
Data Organization** **RESOLVE 123
EMERGENCY**

Not Enacted

LD 30 **An Act To Improve Health Care Data Analysis** **CARRIED OVER**

Insurance, Health

Enacted

LD 1928 **An Act To Prohibit Health insurance Carriers from Retroactively
Reducing Payment on Clean Claims Submitted by Pharmacies** **PUBLIC 643**

LD 1975 **An Act To Facilitate Dental Treatment for Children** **PUBLIC 605**

LD 2007	An Act To Enact the Made for Maine Health Coverage Act and improve Health Choices in Maine	PUBLIC 653
LD 2096	An Act To Save Lives by Capping the Out-of-pocket Cost of Certain Medications	PUBLIC 666 EMERGENCY
LD 2105	An Act To protect Consumers from Surprise Emergency Medical Bills	PUBLIC 668 EMERGENCY
LD 2108	An act Regarding Health Insurance Options for Town Academies	PUBLIC 669 EMERGENCY
<u>Not Enacted</u>		
LD 51	An Act To Implement the Recommendations of the Task Force on Health Care Coverage for All of Maine	ONTP
LD 519	An act To Expand Adult Dental Health Insurance Coverage	CARRIED OVER
LD 598	An Act Regarding Employee Benefit Excess insurance	Majority (ONTP) Report
LD 1085	An Act to Ensure that Maine Residents Have Adequate and Affordable Access to Health Care	ONTP
LD 1138	An Act To Ensure Health Insurance Coverage for Treatment for Childhood Postinfectious Neuroimmune Disorders Including Pediatric Autoimmune Neuropsychiatric Disorders Associated with Streptococcal infections and Pediatric Acute-onset Neuropsychiatric Syndrome	ONTP
LD 1434	An Act To Allow Certified Registered Nurse Anesthetists To Bill for Their Services	CARRIED OVER
LD 1591	An Act to Provide Access to Health Care for Maine Citizens	ONTP
LD 1611	An Act To Support Universal Health Care	CARRIED OVER
LD 1617	An Act To Create a Single-payer Health Care Program in Maine	ONTP
LD 1650	An Act To Strengthen Consumer Protection in Health Care	CARRIED OVER
LD 1755	An Act To Move Maine Toward Affordable Health Care for Everyone	Leave to Withdraw Pursuant to Joint Rule 310
LD 2095	An Act To Require Appropriate Coverage of and Cost-sharing for Generic Drugs and Biosimilars	ONTP

LD 2106 An Act Regarding prior Authorizations for prescription drugs CARRIED OVER

LD 2110 An Act To Lower Health Care Costs CARRIED OVER

Insurance, Motor Vehicle

Not Enacted

LD 1854 An Act to increase the Minimum Amount of Insurance Coverage Required for Medical Payments for Vehicle Liability Insurance Majority (ONTP) Report

LD 2027 An Act To Clarify Insurance Requirements under the Peer-to-peer Car Sharing Insurance Act CARRIED OVER

Insurance, Regulation and Practices

Enacted

LD 1764 An Act To Prevent Insurance Discrimination in life, Long-term Care and Disability Income Insurance PUBLIC 596

LD 1866 An Act To Increase the Automatic Draft Authority for licensed Insurance Producers PUBLIC 591 EMERGENCY

Not Enacted

LD 1995 An Act To Enact the Maine Insurance Data Security Act CARRIED OVER

LD 2026 An Act To Revise Certain Financial Regulatory Provisions of the Maine Insurance Code CARRIED OVER

LD 2143 An Act regarding Travel Insurance in the Maine Insurance Code CARRIED OVER

Miscellaneous

Not Enacted

LD 477 An Act To Provide Relief to Federal Employees Affected by a Federal Shutdown CARRIED OVER

LD 594 An Act To Promote Individual Savings Accounts through a Public-Private Partnership CARRIED OVER

LD 1613 An Act Regarding Women's Health and Economic Security CARRIED OVER

Occupational and Professional Regulation, Health Professions

Enacted

LD 1660	An Act to Improve Access to Physician Assistant Care	PUBLIC 627 EMERGENCY
LD 1872	Resolve, Regarding Legislative Review of Portions of Chapter 12: Licensure of Manufacturers and Wholesalers, a Major substantive Rule of the Department of Professional and Financial Regulation, Maine Board of Pharmacy	RESOLVE 115 EMERGENCY
LD 1948	An Act To prohibit, Exception Emergency Situations, the Performance Without onsent of Certain Examinations on Unconscious or Anesthetized Patients	PUBLIC 602
LD 2025	An Act To Clarify the Authorization of Emergency Medical Services Personnel to Provide Medical Services in a Hospital	PUBLIC 609
LD 2111	An Act To Establish Patient Protections in Billing for Health Care	PUBLIC 670 EMERGENCY

Not Enacted

LD 1985	Resolve, Directing the Board of Speech, Audiology and Hearing To Adopt Rules To Facilitate peech-Language Therapy	ONTP
LD 1996	An Act Concerning the Reporting of Health Care Information to the Emergency Medical Services' Board	CARRIED OVER
LD 2133	An Act To Implement Recommendations for Review of the Licensing Laws for Certain Licensed Health Professionals Pursuant to the State Government Evaluation Act	CARRIED OVER
LD 2146	An Act To Implement the Recommendations of the Board of Dental Practice Related to the Definitions of "Supervision" and "Teledentistry"	CARRIED OVER

Prescription Drugs

Enacted

LD 1972	An Act To Increase Access to and Reduce the Cost of Epinephrine	PUBLIC 560 EMERGENCY
LD 2080	Resolve, Regarding Legislative Review of Portions of Chapter 104: Maine State Services Manual, Section I, Wholesale Prescription Drug Importation Program, a Major Substantive Rule of the Department of Health and Human Services	RESOLVE 136 EMERGENCY

Not Enacted

LD 1387	An Act To Increase Access to Safe and Affordable Prescription Drugs	ONTP
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LD 1661 An Act To Create the Drug Donation and Redispensing Program CARRIERS OVER

LD 1673 An Act To Prohibit prescription Drug advertising ONTP

LD 2116 An Act To Improve Prescription Information Access ONTP

Securities

Not Enacted

**LD 1704 An Act To establish the Securities Restitution Assistance Fund for victims CARRIED OVER
of Securities Violations**