

STATE OF MAINE  
129<sup>TH</sup> LEGISLATURE  
FIRST REGULAR SESSION



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

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

August 2019

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

**LD 1      An Act To Protect Health Care Coverage for Maine Families**

**PUBLIC 5  
EMERGENCY**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
JACKSON T GIDEON S	OTP-AM ONTP	S-3

The purpose of this bill is to ensure that consumer protections related to health insurance coverage included in the federal Patient Protection and Affordable Care Act are codified in state law.

In Part A, the bill does the following.

1. It makes clear that individual and group health plans may not impose any preexisting condition exclusion on an enrollee. The bill does permit a carrier to restrict enrollment in individual health plans to open enrollment and special enrollment periods established in rule.
2. It clarifies that carriers offering individual or group health plans may not establish lifetime or annual limits on the dollar value of benefits. The bill specifies that the provision prohibiting annual limits on the dollar value of benefits applies to the dollar value of essential health benefits as determined by the Superintendent of Insurance.
3. It allows children, until they attain 26 years of age, to remain on their parents' health insurance policy.
4. It changes the maximum rate differential due to age that may be filed by the carrier to the rate differential that is permitted under the federal Patient Protection and Affordable Care Act.

In Part B, the bill requires that, at a minimum, health plans cover essential health benefits that are substantially similar to those benefits required for health plans subject to the federal Patient Protection and Affordable Care Act as of January 1, 2019. The bill directs the Superintendent of Insurance to define essential health benefits in rule and designates those rules as major substantive and subject to legislative review and approval.

**Committee Amendment "A" (S-3)**

This amendment replaces the bill and is the majority report of the committee. The purpose of this amendment is to ensure that consumer protections related to health insurance coverage included in the federal Patient Protection and Affordable Care Act are codified in state law.

In Part A, the amendment does the following.

1. It makes clear that carriers in the individual, small group and large group markets must meet guaranteed issue requirements similar to those required by federal law.
2. It makes clear that individual and group health plans may not impose any preexisting condition exclusion on an enrollee. The amendment does permit a carrier to restrict enrollment in individual health plans to open enrollment and special enrollment periods established in rule.
3. It clarifies that carriers offering individual or group health plans may not establish lifetime or annual limits on the dollar value of benefits unless the plan is grandfathered under the federal Affordable Care Act as of January 1, 2019 and does not impose new limits or reduce existing limits. The amendment specifies that the provision prohibiting annual limits on the dollar value of benefits applies to the dollar value of essential health benefits.
4. It allows children, until they attain 26 years of age, to remain on their parents' health insurance policy.

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5. It changes the maximum rate differential due to age that may be filed by the carrier to three to one and requires that rates that vary based on age do so according to a uniform age rating curve.
6. It provides that if a carrier varies premium rates based on family membership, the premium rate must equal the sum of the premiums for each individual in the family.
7. It prohibits a carrier from varying premium rates based on tobacco use for individuals who are enrolled in an evidence-based tobacco cessation program approved by the United States Department of Health and Human Services, Food and Drug Administration.
8. It makes clear that the minimum medical loss ratio in the individual market is 80% without exception.
9. It adds language to prohibit rescissions of coverage consistent with requirements under federal law.
10. It makes changes to the timelines and requirements for determinations by a carrier of coverage for prescription drugs consistent with federal law.
11. It requires carriers to provide information about the health plans offered by the carrier in a standardized manner that is substantially similar to the manner required for health plans subject to the federal Patient Protection and Affordable Care Act as of January 1, 2019.
12. It removes a provision of the bill that would have repealed the authority for certain individuals to purchase coverage under an individual, nonrenewable short-term policy.
13. It prohibits a health plan from reducing or terminating benefits for an ongoing course of treatment, including coverage of a prescription drug, during the course of an appeal of a determination of coverage.

Part B requires that, at a minimum, individual and small group health plans cover essential health benefits that are substantially similar to those benefits required for health plans subject to the federal Patient Protection and Affordable Care Act as of January 1, 2019. The amendment also requires that health plans meet annual limits on cost sharing that are substantially similar to those benefits required for health plans subject to the federal Patient Protection and Affordable Care Act as of January 1, 2019. The amendment removes provisions of the bill that authorized the Superintendent of Insurance to make changes to essential health benefits and cost sharing limits in rule. The amendment clarifies that pediatric dental benefits may not be required of all individual and small group plans if dental coverage is available in accordance with the federal Affordable Care Act as in effect as of January 1, 2019.

Part C adopts nondiscrimination provisions consistent with similar requirements in federal law and rule.

Part D makes changes to current requirements in state law related to mental health parity consistent with similar requirements in federal law and regulations.

### **Enacted Law Summary**

Public Law 2019, chapter 5 was enacted so that consumer protections related to health insurance coverage included in the federal Patient Protection and Affordable Care Act are codified in state law.

In Part A, Public Law 2019, chapter 5 does the following.

1. It makes clear that carriers in the individual, small group and large group markets must meet guaranteed issue requirements similar to those required by federal law.

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2. It makes clear that individual and group health plans may not impose any preexisting condition exclusion on an enrollee. The law does permit a carrier to restrict enrollment in individual health plans to open enrollment and special enrollment periods established in rule.
3. It clarifies that carriers offering individual or group health plans may not establish lifetime or annual limits on the dollar value of benefits unless the plan is grandfathered under the federal Affordable Care Act as of January 1, 2019 and does not impose new limits or reduce existing limits. The law specifies that the provision prohibiting annual limits on the dollar value of benefits applies to the dollar value of essential health benefits.
4. It allows children, until they attain 26 years of age, to remain on their parents' health insurance policy.
5. It changes the maximum rate differential due to age that may be filed by the carrier to three to one and requires that rates that vary based on age do so according to a uniform age rating curve.
6. It provides that if a carrier varies premium rates based on family membership, the premium rate must equal the sum of the premiums for each individual in the family.
7. It prohibits a carrier from varying premium rates based on tobacco use for individuals who are enrolled in an evidence-based tobacco cessation program approved by the United States Department of Health and Human Services, Food and Drug Administration.
8. It makes clear that the minimum medical loss ratio in the individual market is 80% without exception.
9. It adds language to prohibit rescissions of coverage consistent with requirements under federal law.
10. It makes changes to the timelines and requirements for determinations by a carrier of coverage for prescription drugs consistent with federal law.
11. It requires carriers to provide information about the health plans offered by the carrier in a standardized manner that is substantially similar to the manner required for health plans subject to the federal Patient Protection and Affordable Care Act as of January 1, 2019.
12. It preserves the authority for certain individuals to purchase coverage under an individual, nonrenewable short-term policy.
13. It prohibits a health plan from reducing or terminating benefits for an ongoing course of treatment, including coverage of a prescription drug, during the course of an appeal of a determination of coverage.

Part B of Public Law 2019, chapter 5 requires that, at a minimum, individual and small group health plans cover essential health benefits that are substantially similar to those benefits required for health plans subject to the federal Patient Protection and Affordable Care Act as of January 1, 2019. The law also requires that health plans meet annual limits on cost sharing that are substantially similar to those benefits required for health plans subject to the federal Patient Protection and Affordable Care Act as of January 1, 2019. The law clarifies that pediatric dental benefits may not be required of all individual and small group plans if dental coverage is available in accordance with the federal Affordable Care Act as in effect as of January 1, 2019.

Part C of Public Law 2019, chapter 5 adopts nondiscrimination provisions consistent with similar requirements in federal law and rule.

Part D of Public Law 2019, chapter 5 makes changes to current requirements in state law related to mental health



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proposed premium rate increase. The law clarifies that notice must be provided by the insurer to all affected individual and group policyholders and others who are directly billed for group coverage. The law specifies that the notice must include certain information, including the proposed rate, information on the policyholder's right to request a hearing and submit written comments on the proposed rate and contact information for the Department of Professional and Financial Regulation, Bureau of Insurance.

The law also provides that an increase in a premium rate may not be implemented until approved by the bureau or until the effective date of the premium rate increase, whichever is later.

**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 SANBORN H		

This bill is a concept draft pursuant to Joint Rule 208. This 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 was carried over to any special or regular session, or both, of the 129th Legislature by joint order, H.P. 1322.

**LD 38      An Act To Require Insurance Coverage for Hearing Aids for Adults**

**PUBLIC 418**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
HANDY J HERBIG E	OTP-AM	H-241

This bill requires insurance plans to provide coverage for hearing aids at a minimum of \$3,000 per hearing aid to all individuals with documented hearing loss.

**Committee Amendment "A" (H-241)**

This amendment adds language to clarify the requirement that the purchase of a hearing aid in accordance with the bill's coverage must be done in accordance with federal and state laws, regulations and rules for the dispensing of hearing aids. The amendment also adds an appropriations and allocations section and provides for the calculation and transfer of amounts for premium costs by financial order.

**Enacted Law Summary**

Public Law 2019, chapter 418 requires health insurance carriers to provide coverage in all individual and group health plans for hearing aids at a minimum of \$3,000 per hearing aid to all individuals with documented hearing loss. The law clarifies that the purchase of a hearing aid must be done in accordance with federal and state laws, regulations and rules for the dispensing of hearing aids.

The law applies to individual and group health plans health plans issued or renewed on or after January 1, 2020.

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

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

This bill is a concept draft pursuant to Joint Rule 208.

This bill proposes to implement the recommendations of the Task Force on Health Care Coverage for All of Maine.

This bill was carried over to any special or regular session, or both, of the 129th Legislature by joint order, H.P. 1322.

**LD 52      An Act To Provide an Affordable and Accessible Health Care System for all Residents of Maine      ONTP**

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

This bill is a concept draft pursuant to Joint Rule 208.

This bill proposes to establish a health care system in the State that will be simple and efficient for all consumers and providers. The bill proposes to provide all Maine residents with access to an affordable health benefit plan covering essential health benefits. The bill proposes to create the Health Care Trust, which will have authority to determine essential health care benefits, to negotiate with providers, to reimburse providers for the costs of providing care at negotiated rates and to manage the financing mechanisms for the trust. All Maine residents will be eligible to enroll in the trust on a voluntary basis. Those residents currently eligible for MaineCare or other public coverage will be automatically enrolled; MaineCare and other public coverage programs will be replaced by the trust's health care coverage. The Health Care Trust will be administered by a health care administrator and overseen by a board of trustees. In addition, a stakeholder advisory board will provide input and guidance for the trust.

The bill proposes to use several funding sources to pay for the costs of the trust and for coverage of all Maine residents enrolled in the trust for coverage, including payroll taxes, transaction taxes and available federal funding.

See related bills, LD 1611 and LD 1617.

**LD 66      An Act To Prohibit Hospitals from Discussing Alternative Payment Options with Hospitalized Patients      ONTP**

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

This bill prohibits a hospital from communicating with a patient regarding alternative payment options at any time during a patient's hospitalization unless that communication is requested by the patient. The bill permits communication with a patient prior to or upon the patient's admission to the hospital or at the time of discharge.





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2. It requires that a consumer reporting agency remove medical debt on a consumer's consumer report once the credit reporting agency receives information that the debt has been settled in full or paid in full.
3. If a medical debt is reported to a consumer reporting agency, it requires the consumer reporting agency to report that debt in the same manner as debt related to a consumer credit transaction is reported as long as the consumer is making regular, scheduled periodic payments toward the debt as agreed upon by the consumer and medical provider.

**Committee Amendment "B" (H-90)**

This amendment is the minority report of the committee. The amendment prohibits a consumer reporting agency from reporting debt from medical expenses on a consumer's consumer report.

This amendment was not adopted.

**Enacted Law Summary**

Public Law 2019, chapter 77 does the following.

1. It prohibits a consumer reporting agency from reporting debt from medical expenses on a consumer's consumer report when the date of the first delinquency on the debt is less than 180 days prior to the date that the debt is reported.
2. It requires that a consumer reporting agency remove medical debt on a consumer's consumer report once the credit reporting agency receives information that the debt has been settled in full or paid in full.
3. If a medical debt is reported to a consumer reporting agency, it requires the consumer reporting agency to report that debt in the same manner as debt related to a consumer credit transaction is reported as long as the consumer is making regular, scheduled periodic payments toward the debt as agreed upon by the consumer and medical provider.

**LD 132      An Act To Eliminate Insurance Rating Based on Age, Geographic Location or Smoking History and To Reduce Rate Variability Due to Group Size      ONTP**

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

This bill prohibits insurance carriers providing individual health plans or small group health plans from varying premium rates based on age, geographic location or tobacco use on or after January 1, 2020. The bill also reduces the variation based on group size to 1.5 to 1 for small group plans over time.

See also related bill, LD 1650.

**LD 189      An Act To Amend the Laws Governing Long-term Care Insurance      ONTP**

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

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This bill prohibits an insurer from delaying or withholding payment of a claim for long-term care insurance benefits by requiring that an insured or the insured's representative request payment of the claim by telephone as a prerequisite for releasing funds to pay the claim for benefits if the insurer has received all necessary written documentation and information to support payment of the claim.

## LD 228 An Act To Clarify the Licensing of Certified Clinical Supervisors

PUBLIC 83

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
PERRY A DILL J	OTP-AM	H-103

This bill requires the Department of Professional and Financial Regulation, State Board of Alcohol and Drug Counselors to grant or deny a license to practice as an alcohol and drug counseling aide, certified alcohol and drug counselor, licensed alcohol and drug counselor or certified clinical supervisor within 30 days of receipt of the application for that license. This bill also clarifies the authority of the State Board of Alcohol and Drug Counselors to license certified clinical supervisors.

### Committee Amendment "A" (H-103)

This amendment makes changes to the provision of the bill related to the minimum qualifications for certain licensed mental health professionals and licensed alcohol and drug counselors to also become licensed as certified clinical supervisors by:

1. Removing the examination requirement;
2. Reducing the number of minimum hours of training in clinical supervision;
3. Clarifying that licensed pastoral counselors and licensed marriage and family therapists may be licensed as certified clinical supervisors; and
4. Adding an eligibility requirement that recognizes licensed mental health professionals with experience in treating co-occurring mental health and substance use disorders and at least three years of experience supervising clinicians in treatment programs for individuals with co-occurring mental health and substance use disorders.

The amendment also removes the section of the bill requiring that the Department of Professional and Financial Regulation, State Board of Alcohol and Drug Counselors to grant or deny a license within 30 days of receipt of the application for that license.

### Enacted Law Summary

Public Law 2019, chapter 83 establishes the minimum qualifications for certain licensed mental health professionals and licensed alcohol and drug counselors to also become licensed as certified clinical supervisors. Certified clinical supervisors provide direct clinical supervision of practitioners in the field of alcohol and drug counseling.

The law provides that an individual may be licensed as a certified clinical supervisor if the individual:

1. Is a licensed psychologist, licensed physician, registered clinical nurse specialist, licensed clinical professional counselor, licensed clinical social worker, licensed or certified mental health professional, licensed marriage and family therapist or licensed pastoral counselor;
2. Has completed 24 hours of training in clinical supervision with at least six hours of training in each of the

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following areas: skills assessment and evaluation; counselor development; management and administration; and professional responsibility; and

3. Has completed 1000 hours of practice in alcohol and drug counseling under the person's qualifying license or has work experience in treating co-occurring mental health and substance use disorders and at least three years of experience supervising clinicians in treatment programs for individuals with co-occurring mental health and substance use disorders.

The law also authorizes individuals already licensed as alcohol and drug counselors to become certified clinical supervisors. For those individuals, the law provides that the minimum qualifications for licensing are 24 hours of training in clinical supervision with at least 6 hours of training in each of the following areas: skills assessment and evaluation; counselor development; management and administration; and professional responsibility.

**LD 242      An Act To Amend the Laws Governing Multiple-party Accounts with  
Financial Institutions**

**PUBLIC 1  
EMERGENCY**

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

This bill suspends until July 1, 2019 the requirement that at the time a multiple-party account is established or at the time a single-party account is converted to a multiple-party account with a financial institution, the document establishing the account or adding another party include for each party to the account a question regarding whether that party intends for the sum remaining upon that party's death to belong to the surviving party or parties.

**Enacted Law Summary**

Public Law 2019, chapter 1 suspends until July 1, 2019 the requirement that at the time a multiple-party account is established or at the time a single-party account is converted to a multiple-party account with a financial institution, the document establishing the account or adding another party include for each party to the account a question regarding whether that party intends for the sum remaining upon that party's death to belong to the surviving party or parties.

Public Law 2019, chapter 1 was enacted as an emergency measure effective March 7, 2019.

**LD 249      An Act To Ensure Protection of Patients in Medical Reviews by Health  
Insurance Carriers**

**PUBLIC 171**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
GRATWICK G PERRY A	OTP-AM	S-107

This bill requires that a health insurance carrier's medical reviews, including utilization reviews and case management, be conducted by a health care practitioner who is board certified and in active medical practice in the same specialty as typically manages the medical condition, procedure or treatment under review.

**Committee Amendment "A" (S-107)**

This amendment replaces the bill. The amendment requires that appeals of a health insurance carrier's adverse health care treatment decision be conducted by a licensed health care practitioner who is board certified in the same or similar specialty as typically manages the medical condition, procedure or treatment under review and whose compensation does not directly or indirectly depend upon the quantity, type or cost of the medical condition,

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procedure or treatment the practitioner approves or denies on behalf of a carrier. The bill would have required that all medical reviews be conducted by a clinical peer who was board certified and in active medical practice in the same specialty.

The amendment also provides that any rules adopted by the Bureau of Insurance to conform to changes made in the bill are routine technical rules as defined in the Maine Administrative Procedures Act.

**Enacted Law Summary**

Public Law 2019, chapter 171 requires that appeals of a health insurance carrier's adverse health care treatment decision be conducted by a licensed health care practitioner who is board certified in the same or similar specialty as typically manages the medical condition, procedure or treatment under review and whose compensation does not directly or indirectly depend upon the quantity, type or cost of the medical condition, procedure or treatment the practitioner approves or denies on behalf of a carrier.

**LD 260      An Act To Permit Disability Insurance To Be Offered through the Surplus Lines Market      PUBLIC 20 EMERGENCY**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
FOLEY R PRESCOTT D	OTP-AM	S-7

This bill permits disability insurance to be offered through the surplus lines market in excess of policy limits available from an admitted insurer.

**Committee Amendment "A" (S-7)**

This amendment removes the restriction in the bill that would have limited the offer of disability insurance to only the excess of policy limits available from an admitted insurer. The amendment would allow a licensed producer to place disability insurance through the surplus lines market if coverage is not available from an admitted insurer.

The amendment also adds an emergency preamble and emergency clause to the bill.

**Enacted Law Summary**

Public Law 2019, chapter 20 permits disability insurance to be offered through the surplus lines market. The law allows a licensed producer to place disability insurance through the surplus lines market if coverage is not available from an admitted insurer.

Public Law 2019, chapter 20 was enacted as an emergency measure effective April 5, 2019.

**LD 267      An Act To Amend the Laws Governing the Practice of Pharmacy      Died Between Houses**

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

This bill specifies that the practice of pharmacy is the provision of health care services.

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**LD 291 An Act Regarding Responsibility for the Duplicative or Incorrect Payment of Health Insurance Claims**

**PUBLIC 30**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
RILEY T SANBORN H	OTP-AM	H-17

This bill requires an insurer who overpays a claim to attempt to retroactively collect that overpayment directly from the provider, not the insured, unless the insured was directly paid by the insurer for the services identified in the claim and the insured did not forward payment to the provider.

**Committee Amendment "A" (H-17)**

This amendment replaces the bill and changes the title. It clarifies that the provisions of the bill are intended to apply to duplicative or incorrect claims payments made with respect to health insurance coverage.

**Enacted Law Summary**

Public Law 2019, chapter 30 requires a health insurance carrier who has made a duplicative or incorrect payment with respect to health insurance coverage to seek retroactive collection from the provider, not the enrollee, unless the enrollee was already paid directly and the provider submits evidence to the carrier that the enrollee did not forward payment to the provider. A health insurance carrier may require an enrollee to provide evidence of payment to the provider after the provider has first submitted evidence that the enrollee did not forward payment to the provider.

**LD 320 An Act To Amend the Scope of Practice of Podiatric Medicine**

**Accepted Majority (ONTP) Report**

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

This bill amends the scope of practice of podiatric medicine to include the diagnosis and treatment of maladies of the soft tissue of the lower leg and the evaluation, diagnosis, management and prevention of conditions of the lower extremities.

**LD 330 An Act To Define Licensed Massage Therapists as Health Care Practitioners**

**ONTP**

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

This bill clarifies that massage therapists and massage practitioners are health care practitioners and that massage therapy is a health care practice. It prohibits unlicensed persons from claiming to provide procedures that are described as "massage," "bodywork," "body therapy," "manual therapy," "neuromuscular therapy," "touch therapy" or "myotherapy" or related terms.

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**LD 364      An Act To Establish the Right To Practice Complementary and  
Alternative Health Care Act**

**PUBLIC 265**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MIRAMANT D BROOKS H	OTP-AM	S-109

This bill establishes the Right To Practice Complementary and Alternative Health Care Act. The bill provides that a person providing alternative or complementary health care services who is not licensed under the Maine Revised Statutes, Title 32 may provide health care services as long as the person does not perform surgery, prescribe medications, drugs or devices that require a prescription, perform chiropractic manipulation or falsely state that the person is a licensed health care professional. The person providing services must disclose certain information to the person receiving services and must collect and retain a signed statement granting permission to provide services.

**Committee Amendment "A" (S-109)**

This amendment clarifies that a person providing complementary or alternative health care services is not a licensed professional providing health care services within the scope of a license.

**Enacted Law Summary**

Public Law 2019, chapter 265 establishes the Right To Practice Complementary and Alternative Health Care Act. The law provides that a person providing complementary or alternative health care services who is not a licensed professional providing health care services within the scope of a license under the Maine Revised Statutes, Title 32 may provide complementary or alternative health care services as long as the person does not perform surgery, prescribe medications, drugs or devices that require a prescription, perform chiropractic manipulation or falsely state that the person is a licensed health care professional. The person providing services must disclose certain information to the person receiving services and must collect and retain a signed statement granting permission to provide complementary or alternative health care services.

**LD 366      An Act To Protect Elderly Persons from Financial Abuse**

**CARRIED OVER**

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

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

This bill was carried over to any special or regular session, or both, of the 129th Legislature by joint order, H.P. 1322.

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**LD 367      An Act To Amend the Definition of "Insurer" under the Maine  
Guaranteed Access Reinsurance Association Act**

**Leave to Withdraw  
Pursuant to Joint  
Rule**

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

This bill removes multiple-employer welfare arrangements from the definition of "insurer" under the Maine Guaranteed Access Reinsurance Association Act.

**LD 368      An Act To Redefine Geographic Association for Multiple-employer  
Welfare Arrangements**

**PUBLIC 96**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
FOLEY R PERKINS M	OTP-AM	S-49

This bill replaces the requirement that a multiple-employer welfare arrangement based on geographic association must be established by an association with a principal office in a location within a 40-mile radius of the principal place of business of eligible employers with a requirement that the arrangement must be established by an association with a principal office located in the State.

**Committee Amendment "A" (S-49)**

This amendment replaces the bill. The amendment repeals the provision authorizing a multiple-employer welfare arrangement based on geographic association and removes cross-references to that provision. The amendment authorizes a multiple-employer welfare arrangement by an association with employer members representing multiple trades, industries or professions. The amendment also restores the ability of the Superintendent of Insurance to authorize a separate community rate for fully insured association health plans for multiple employers.

**Enacted Law Summary**

Public Law 2019, chapter 96 repeals the provision authorizing a multiple-employer welfare arrangement based on geographic association and removes cross-references to that provision. The law authorizes a multiple-employer welfare arrangement by an association with employer members representing multiple trades, industries or professions. The law also restores the ability of the Superintendent of Insurance to authorize a separate community rate for fully insured association health plans for multiple employers.

**LD 376      An Act To Expand Health Insurance Options for Town Academies**

**PUBLIC 424**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
DEVIN M DOW D	OTP-AM	H-199

This bill makes an 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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## Committee Amendment "A" (H-199)

This amendment specifies that a town academy that elects to enroll in the group health plan available to state employees and other eligible persons may enroll in the group health plan on the first day of the month following the termination of the academy's prior group health plan, but no sooner than January 1, 2020. For an employee hired after January 1, 2020 or who becomes eligible for the group health plan based on a qualifying life event occurring after January 1, 2020, the employee may enroll in the group health plan on the first day of the month after the date on which the employee becomes eligible for enrollment.

### Enacted Law Summary

Public Law 2019, chapter 424 makes an 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.

The law specifies that a town academy that elects to enroll in the group health plan available to state employees and other eligible persons may enroll in the group health plan on the first day of the month following the termination of the academy's prior group health plan, but no sooner than January 1, 2020. For an employee hired after January 1, 2020 or who becomes eligible for the group health plan based on a qualifying life event occurring after January 1, 2020, the employee may enroll in the group health plan on the first day of the month after the date on which the employee becomes eligible for enrollment.

## LD 407      **An Act To Promote Universal Health Care, Including Dental, Vision and Hearing Care**      ONTP

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

This bill establishes a single-payer health care system in the State, effective July 1, 2022, that finances health care services for most Maine residents. The bill directs the joint standing committee of the Legislature having jurisdiction over health and human services matters and the joint standing committee of the Legislature having jurisdiction over insurance and financial services matters to jointly submit during the 2019 legislative interim legislation to fully implement the single-payer system.

See also related bills, LD 1611 and LD 1617.

## LD 429      **An Act To Improve the Ability of Mental Health Professionals To Assess the Risk of Suicide**      ONTP

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
BEEBE-CENTER P VITELLI E	ONTP	

This bill adds a new requirement for the renewal of professional licenses for psychologists, social workers and licensed clinical professional counselors that each must show proof upon renewal that the licensee has completed a minimum of 6 hours of course work every 10 years in suicide prevention, evidence-based suicide risk assessment or the treatment and management of suicidal persons, including knowledge of community resources and cultural factors. These courses may be used to satisfy the licensee's other continuing education requirements. The bill also changes, from January 1, 2020 to January 1, 2022, the date that licensed clinical professional counselors must begin demonstrating successful completion of a minimum of 12 hours of course work in family or intimate partner

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violence.

**LD 437      An Act To Improve Access to and Affordability of Health Care in Maine      ONTP**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
POULIOT M HUBBELL B	ONTP	

This bill is a concept draft pursuant to Joint Rule 208. This bill proposes to improve access to and affordability of health care in Maine.

See also related bill, LD 51.

**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 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 3 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;

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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;
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 reported out of committee and then carried over to any special or regular session, or both, of the 129th Legislature on the Special Appropriations Table by joint order, H.P. 1322.

**LD 519      An Act To Expand Adult Dental Health Insurance Coverage**

**CARRIED OVER**

Sponsor(s)  
BROOKS H

Committee Report

Amendments Adopted

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.

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This bill was carried over to any special or regular session, or both, of the 129th Legislature by joint order, H.P. 1322.

**LD 530      An Act To Protect Medical Payments Coverage for Consumers**

**PUBLIC 182**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
CARDONE B SANBORN H	OTP-AM	H-242

This bill amends the subrogation law related to medical payments coverage to require a health care provider to notify the insured and any other person reasonably likely to be able to submit a claim prior to submitting any claim for payment of any hospital, nursing, medical or surgical services or of any expenses paid or reimbursed under the medical payments coverage in a policy. The bill also prohibits an insurer from paying a claim for payment of any hospital, nursing, medical or surgical services or of any expenses paid or reimbursed under the medical payments coverage in a policy if an insured is entitled to coverage under any other health insurance policy or contract and requires an insurer to provide at least 14 days' notice to an insured before paying such a claim.

The bill also makes it clear that an insurer that violates any of the policy requirement provisions is subject to enforcement and penalties under the unfair claims settlement practices laws.

**Committee Amendment "A" (H-242)**

This amendment replaces the bill. The amendment is based on a New Hampshire law. The amendment does the following.

1. It prohibits a health insurance carrier from coordinating benefits against medical payments coverage in a casualty insurance policy.
2. It provides that medical payments coverage is assignable only by agreement between the insured and the casualty insurer.
3. It provides that the insured has the right to submit a claim for medical expenses under medical payments coverage in a casualty insurance policy. It also provides that an insured may submit a claim under a health insurance policy, except that an insured is not entitled to duplicate payment from medical payments coverage and a health insurance policy for the same medical expense.

**Enacted Law Summary**

Public Law 2019, chapter 182 makes the following changes related to medical payments coverage in a casualty insurance policy.

1. It prohibits a health insurance carrier from coordinating benefits against medical payments coverage in a casualty insurance policy.
2. It provides that medical payments coverage is assignable only by agreement between the insured and the casualty insurer.
3. It provides that the insured has the right to submit a claim for medical expenses under medical payments coverage in a casualty insurance policy. It also provides that an insured may submit a claim under a health insurance policy, except that an insured is not entitled to duplicate payment from medical payments coverage and a health insurance policy for the same medical expense.

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**LD 555 An Act To Reduce Colorectal Cancer Incidence and Mortality by Updating Screening Coverage**

**PUBLIC 86**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
DAVIS P TEPLER D	OTP-AM	S-46

This bill removes references to the age of the patient for purposes of requiring coverage for colorectal cancer screening for asymptomatic individuals who are at average risk for colorectal cancer and instead requires coverage in accordance with the most recently published guidelines of a national cancer society. In addition, this bill requires coverage of all colorectal examinations and laboratory tests recommended by a health care provider in accordance with those published guidelines.

**Committee Amendment "A" (S-46)**

This amendment makes the bill's requirements for coverage of colorectal cancer screening apply to health insurance plans issued or renewed on or after January 1, 2020. The amendment also adds language exempting the Act from the provisions of the Maine Revised Statutes, Title 24-A, section 2752.

**Enacted Law Summary**

Public Law 2019, chapter 86 removes references to the age of the patient for purposes of requiring coverage for colorectal cancer screening for asymptomatic individuals who are at average risk for colorectal cancer and instead requires coverage in accordance with the most recently published guidelines of a national cancer society. In addition, the law requires coverage of all colorectal examinations and laboratory tests recommended by a health care provider in accordance with those published guidelines.

Public Law 2019, chapter 86 applies to health insurance plans issued or renewed on or after January 1, 2020.

**LD 558 An Act To Amend the Continuing Education Requirements for Prescribers of Opioid Medication**

**ONTP**

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

This bill will reduce the amount of opioid prescribing education required of prescribers from three hours per license cycle of two years to one hour per license cycle of two years after the licensee has completed an initial three-hour requirement. It will also require the licensing boards to adopt rules consistent with the reduction in the amount of required prescribing education.

**LD 566 An Act To Protect Vulnerable Adults from Financial Exploitation**

**PUBLIC 17**

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

This bill requires reporting to the Securities Administrator within the Department of Professional and Financial Regulation, Office of Securities and the Department of Health and Human Services by qualified individuals who

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reasonably believe that financial exploitation of a vulnerable adult may have occurred, may have been attempted or is being attempted. It defines "qualified individual" to mean an agent, an investment adviser representative and a person who serves in a supervisory, compliance or legal capacity for a broker-dealer or investment adviser.

The bill also:

1. Authorizes broker-dealers and investment advisers who suspect financial exploitation to delay disbursing funds from a vulnerable adult's account;
2. Authorizes disclosure by qualified individuals to third parties in certain instances in which a vulnerable adult has previously designated the third party;
3. Prohibits disclosure to the third party if the qualified individual suspects the 3rd party of the financial exploitation;
4. Provides immunity from administrative and civil liability for actions taken consistent with the law; and
5. Requires that broker-dealers and investment advisers comply with certain requests for information.

### **Enacted Law Summary**

Public Law 2019, chapter 17 requires reporting to the Securities Administrator within the Department of Professional and Financial Regulation, Office of Securities and the Department of Health and Human Services by qualified individuals who reasonably believe that financial exploitation of a vulnerable adult may have occurred, may have been attempted or is being attempted. It defines "qualified individual" to mean an agent, an investment adviser representative and a person who serves in a supervisory, compliance or legal capacity for a broker-dealer or investment adviser.

The law also:

1. Authorizes broker-dealers and investment advisers who suspect financial exploitation to delay disbursing funds from a vulnerable adult's account;
2. Authorizes disclosure by qualified individuals to 3rd parties in certain instances in which a vulnerable adult has previously designated the third party;
3. Prohibits disclosure to the third party if the qualified individual suspects the third party of the financial exploitation;
4. Provides immunity from administrative and civil liability for actions taken consistent with the law; and
5. Requires that broker-dealers and investment advisers comply with certain requests for information.

### **LD 594      An Act To Promote Individual Savings Accounts through a Public-Private Partnership**

**CARRIED OVER**

Sponsor(s)

VITELLI E  
TEPLER D

Committee Report

Amendments Adopted

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

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qualified retirement plan through their employers or who are self-employed.

This bill was carried over to any special or regular session, or both, of the 129th Legislature by joint order, H.P. 1322.

**LD 598      An Act Regulating Employee Benefit Excess Insurance      CARRIED OVER**

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

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.

This bill was carried over to any special or regular session, or both, of the 129th Legislature by joint order, H.P. 1322.

**LD 616      An Act To Create Uniform Practices for Medicare Beneficiaries in Small Group Plans      ONTP**

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

This bill requires an insurer that provides health care coverage to a group with fewer than 20 employees to be the primary insurer for the payment of benefits to or on behalf of any insured under the group contract who is eligible for Medicare Part B coverage.

**LD 641      An Act To Save Lives through Epinephrine Autoinjector Accessibility      ONTP**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
BELLOWS S ACKLEY K	ONTP	

This bill authorizes pharmacists to prescribe and dispense epinephrine autoinjectors at no cost to a person of any age who the pharmacist reasonably believes is at risk of experiencing severe allergic reactions, including anaphylaxis, or to a person who is in a position to assist the other person if the other person is at risk of experiencing severe allergic reactions, including anaphylaxis. It creates a fund within the Department of Health and Human Services to reimburse a pharmacist who has prescribed and dispensed an epinephrine autoinjector and directs the department to adopt routine technical rules to implement the fund.

**LD 659      An Act Regarding the Use of Interchangeable Biological Products      PUBLIC 34**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
PERRY A GRATWICK G	OTP	

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This bill provides for pharmacist substitution of interchangeable biological products for prescribed biological products in a manner similar to the current regulation of generic drug substitution. The bill defines "biological product" and "interchangeable biological product."

### Enacted Law Summary

Public Law 2019, chapter 34 provides for pharmacist substitution of interchangeable biological products for prescribed biological products in a manner similar to the current regulation of generic drug substitution. The law also defines "biological product" and "interchangeable biological product."

### LD 688 An Act To Set Maine Dental Provider Licensing Fees

PUBLIC 92

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MASTRACCIO A	OTP-AM	H-112

This bill provides that the total fee for a dental hygienist license, together with any additional authorities, may not exceed \$150.

### Committee Amendment "A" (H-112)

This amendment replaces the bill and clarifies the maximum licensing fees for dental providers. The amendment provides that the maximum fee for an initial license or a license renewal for a dentist and for a sedation permit is \$1,000 and that the maximum fee for an initial license or a license renewal for a dental hygienist is \$200; otherwise the maximum fee of \$550 for any one purpose under current law continues to apply.

### Enacted Law Summary

Public Law 2019, chapter 92 provides that the maximum fee for an initial license or a license renewal for a dentist and for a sedation permit is \$1,000 and that the maximum fee for an initial license or a license renewal for a dental hygienist is \$200; otherwise the maximum fee of \$550 for any one purpose under current law continues to apply.

### LD 705 An Act Regarding the Process for Obtaining Prior Authorization for Health Insurance Purposes

PUBLIC 273

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
GRATWICK G HYMANSON P	OTP-AM	S-175

This bill amends the prior authorization process for health insurance carriers. It reduces the time frame for a carrier's response to a prior authorization request and it exempts medication-assisted treatment for opioid use disorder from prior authorization requirements.

The bill also requires a health insurance carrier to develop an electronic transmission system for prior authorization of prescription drug orders by January 1, 2020 and for medical services by July 1, 2020.

### Committee Amendment "A" (S-175)

This amendment replaces the bill. The amendment does the following to amend the prior authorization process for health insurance carriers.

1. It reduces the time frame for a carrier's response to a prior authorization request from 2 business days to 72



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hours or 2 business days, whichever is less, and clarifies that the same time frame for a response applies in instances when a carrier requests additional information or requires outside consultation. It also provides that a request for prior authorization is granted if a carrier fails to respond within the required time frames.

2. It clarifies a provision in existing law to reflect the change in time frame.
3. It prohibits a carrier from requiring prior authorization for medication-assisted treatment for opioid use disorder for the prescription of at least one drug for each type of medication used in medication-assisted treatment, except that a carrier may not require prior authorization for medication-assisted treatment for opioid use disorder for a pregnant woman.
4. It requires a health insurance carrier to develop an electronic transmission system for prior authorization of prescription drug orders by January 1, 2020.
5. It requires health insurance carriers to report, no later than January 1, 2020, to the Joint Standing Committee on Health Coverage, Insurance and Financial Services on efforts to develop standards for secure electronic transmission of prior authorization requests. It also authorizes the committee to report out legislation to the Second Regular Session of the 129th Legislature related to the electronic transmission of prior authorization requests for medical services.
6. It directs the Department of Professional and Financial Regulation, Bureau of Insurance to amend its rules regarding health plan accountability to conform to the statutory changes and designates those rules as routine technical.

### **Enacted Law Summary**

Public Law 2019, chapter 273 does the following to amend the prior authorization process for health insurance carriers.

1. It reduces the time frame for a carrier's response to a prior authorization request from 2 business days to 72 hours or 2 business days, whichever is less, and clarifies that the same time frame for a response applies in instances when a carrier requests additional information or requires outside consultation. It also provides that a request for prior authorization is granted if a carrier fails to respond within the required time frames.
2. It clarifies a provision in existing law to reflect the change in time frame.
3. It prohibits a carrier from requiring prior authorization for medication-assisted treatment for opioid use disorder for the prescription of at least one drug for each type of medication used in medication-assisted treatment, except that a carrier may not require prior authorization for medication-assisted treatment for opioid use disorder for a pregnant woman.
4. It requires a health insurance carrier to develop an electronic transmission system for prior authorization of prescription drug orders by January 1, 2020.
5. It requires health insurance carriers to report, no later than January 1, 2020, to the Joint Standing Committee on Health Coverage, Insurance and Financial Services on efforts to develop standards for secure electronic transmission of prior authorization requests. It also authorizes the committee to report out legislation to the Second Regular Session of the 129th Legislature related to the electronic transmission of prior authorization requests for medical services.
6. It directs the Department of Professional and Financial Regulation, Bureau of Insurance to amend its rules

regarding health plan accountability to conform to the statutory changes and designates those rules as routine technical.

**LD 815      An Act To Regulate the Issuance of Short-term, Limited-duration Health Insurance Policies in the State      ONTP**

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

This bill limits the issuance of short-term, limited-duration individual health insurance policies in this State to policies with a term that is three months or less and further restricts an insurer or the insurer's agent or broker from issuing a short-term, limited-duration policy that replaces a prior short-term, limited-duration policy if the combined term of the new policy and all prior successive policies exceeds three months in any 12-month period.

The bill also requires that insurers make specific written disclosures related to the terms and benefits of the policies in at least 14-point type, including the types of benefits and consumer protections that are and are not included in the policies.

The requirements of the bill apply to policies issued or renewed in this State on or after January 1, 2020.

See related bill, LD 1260.

**LD 820      An Act To Prevent Discrimination in Public and Private Insurance Coverage for Pregnant Women in Maine      PUBLIC 274**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MCCREIGHT J VITELLI E	OTP-AM ONTP	H-210 S-275 BREEN C

This bill requires the Department of Health and Human Services to provide coverage to a MaineCare member for abortion services. The bill provides that abortion services that are not approved Medicaid services must be funded by the State. The bill also directs the Department of Health and Human Services to adopt rules no later than March 1, 2020.

The bill also requires that health insurance carriers that provide coverage for maternity services also provide coverage for abortion services.

The bill applies this requirement to all health insurance policies and contracts issued or renewed on or after January 1, 2020, except for those religious employers granted an exclusion of coverage. The bill authorizes the Superintendent of Insurance to grant an exemption from the requirements if enforcement of the requirements would adversely affect the allocation of federal funds to the State.

**Committee Amendment "A" (H-210)**

This amendment is the majority report of the committee. The amendment adds language exempting the provisions of the bill from the provisions of the Maine Revised Statutes, Title 24-A, section 2752. The amendment reallocates the section of the bill requiring the Department of Health and Human Services to pay for abortion services for MaineCare members and adds language to authorize the department to adopt rules using the emergency rule-making provisions of the Maine Administrative Procedure Act.

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**Senate Amendment "A" To Committee Amendment "A" (S-275)**

The amendment adds an appropriations and allocations section. This amendment also makes technical corrections.

**Enacted Law Summary**

Public Law 2019, chapter 274 requires the Department of Health and Human Services to provide coverage to a MaineCare member for abortion services. The law provides that abortion services that are not approved Medicaid services must be funded by the State. The bill also directs the Department of Health and Human Services to adopt rules no later than March 1, 2020 and authorizes the department to adopt rules using the emergency rule-making provisions of the Maine Administrative Procedure Act.

Public Law 2019, chapter 274 also requires that health insurance carriers that provide coverage for maternity services also provide coverage for abortion services. The law applies this requirement to all health insurance policies and contracts issued or renewed on or after January 1, 2020, except for those religious employers granted an exclusion of coverage. The law authorizes the Superintendent of Insurance to grant an exemption from the requirements if enforcement of the requirements would adversely affect the allocation of federal funds to the State.

**LD 842 An Act Relating to Insurance Companies and Toted Motor Vehicles**

**ONTP**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
COLLINGS B GRATWICK G	ONTP	

This bill requires motor vehicle insurance policies to allow an insured to maintain possession of an insured motor vehicle determined a total loss by the insurer if the insured provides a credible estimate from a motor vehicle mechanic or repair facility detailing repairs that, if performed, would conform the motor vehicle to state motor vehicle inspection standards. This bill allows an insurer to deduct from a settlement paid for damage to a totaled vehicle an amount equal to the motor vehicle's salvage value if the insured elects to maintain possession of the motor vehicle.

**LD 849 An Act To Allow Chiropractic Internships**

**PUBLIC 187**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
DOORE D LAWRENCE M	OTP-AM	H-262

This bill establishes a new temporary license for chiropractic interns. The bill describes the supervision and credentialing requirements for licensure and the process by which an applicant may gain licensure. The bill provides the Board of Chiropractic Licensure with rule-making authority.

**Committee Amendment "A" (H-262)**

This amendment does the following.

1. It makes clear that the fee for a temporary license must be established in accordance with existing law.
2. It clarifies that an applicant for a temporary license must provide documentation of professional liability insurance.

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3. It removes the requirement for an applicant to demonstrate good moral character as that requirement is not required for applicants for other licenses issued by the board.
4. It removes the language authorizing the board to adopt rules related to exceptions to licensure.
5. It clarifies that, if there is a change in the supervision of a chiropractic intern, the intern must immediately cease to practice and must notify the board within 10 days.
6. It specifies that a chiropractic intern may not provide services without the written informed consent of the individual receiving chiropractic services.
7. It removes the requirement that an intern display the intern's license to be consistent with the requirements for other license categories.

**Enacted Law Summary**

Public Law 2019, chapter 187 establishes a new temporary license for chiropractic interns. The law states that a chiropractic intern may not provide services except under the supervision of a chiropractic doctor and with the informed written consent of the individual receiving chiropractic services. The law also sets forth the credentialing requirements for licensure and the process by which an applicant may gain licensure.

**LD 884      An Act To Repeal the Board of Licensing of Dietetic Practice      ONTP**

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

This bill repeals the law regulating dieticians and the practice of dietetics.

**LD 899      An Act To Increase Access to Health Care by Attracting Qualified Physicians to Maine      ONTP**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
COREY P MOORE M	ONTP	

This bill amends the law regarding the temporary licensure of physicians to require the temporary licensure of a physician within 60 days of application for a temporary license when the Board of Licensure in Medicine determines temporary licensure of the physician is necessary to provide relief for a local or national emergency or for a situation in which the number of physicians is insufficient to supply adequate medical services or for the purpose of permitting the physician to serve as locum tenens for another physician. It reduces the fee for the temporary license from \$400 to \$100.

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**LD 942      An Act To Require Reimbursement for Medical Marijuana**

**ONTP**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
COLLINGS B DILL J	ONTP	

Part A of this bill requires a health insurance carrier to provide coverage for marijuana for medical use for a health plan enrollee who has received certification for the medical use of marijuana from an authorized medical provider. Carriers are required to directly reimburse a health plan enrollee for the costs of obtaining a medical marijuana certificate and the costs of medical marijuana. The requirements apply to all individual and group policies and contracts issued or renewed on or after January 1, 2020. Part A also applies the same requirements to individual and group accidental injury and disability insurance.

Part B of the bill requires an employer to reimburse an employee eligible for workers' compensation benefits for the costs of obtaining a medical marijuana certificate and the costs of medical marijuana.

**LD 943      An Act To Allow Laser Spine Surgery in the State**

**ONTP**

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

This bill allows the use of lasers during spine surgery.

**LD 995      An Act To Establish a Student Loan Bill of Rights To License and Regulate Student Loan Servicers**

**PUBLIC 431**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
VITELLI E STEWART T	OTP-AM	S-225

This bill does the following.

1. It creates a position of student loan ombudsman under the Superintendent of Consumer Credit Protection within the Department of Professional and Financial Regulation, Bureau of Consumer Credit Protection. The student loan ombudsman's duties include: receiving, reviewing and, if possible, resolving complaints from student loan borrowers; compiling and analyzing student loan borrower data; assisting student loan borrowers to understand their rights and responsibilities; providing information to the public, agencies and Legislators regarding concerns of student loan borrowers and making recommendations to resolve them; analyzing and monitoring the development and implementation of other legislation and policies that affect student loan borrowers and recommending necessary changes; reviewing student education loan history for borrowers who consent; disseminating information about the ombudsman's availability to assist others; seek the assistance of financial institutions or the Finance Authority of Maine in the resolution of student loan borrower complaints; and other necessary actions.

2. It requires the superintendent to submit an annual report by January 1st of each year in regard to the effectiveness of the student loan ombudsman and to recommend additional steps necessary to gain regulatory control over

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licensing and enforcement with respect to student loan servicers.

3. It establishes a licensing procedure for student loan servicers, which includes an investigation of an applicant, along with a license fee and an investigation fee and requires the costs of the investigation to be paid by the licensee or person being investigated.
4. It identifies prohibited acts for student loan servicers, including employing any scheme, device or artifice to defraud or mislead student loan borrowers.
5. It identifies duties of the superintendent in regard to investigations and examinations of student loan servicers.
6. It exempts from the student loan servicer requirements imposed by this legislation most financial institutions licensed by the State, including licensed banks and credit unions, supervised financial organizations, Maine financial institutions and mutual holding companies whose home state is Maine and the Finance Authority of Maine. Those exempt organizations are required to work with the student loan ombudsman to resolve student loan borrower complaints and provide information as requested by the ombudsman.
7. It requires student loan servicers to comply with all applicable federal laws and regulations related to student education loan servicing.
8. It requires the superintendent to adopt routine technical rules necessary to carry out the provisions in this bill.

### **Committee Amendment "A" (S-225)**

This amendment makes the following changes to the bill:

1. It makes the requirements for the filing of financial statements with an application for licensure as a student loan servicer consistent with licensure requirements for mortgage loan servicers;
2. It clarifies that a license is required for each physical location where a student loan servicer does business;
3. It authorizes the Superintendent of Consumer Credit Protection within the Department of Professional and Financial Regulation, Bureau of Consumer Credit Protection to require student loan servicers to file license applications electronically and to use the nationwide mortgage loan servicer licensing system and registry;
4. It adds a provision authorizing the automatic licensure of student loan servicers under contract with the federal Department of Education;
5. It provides that funding from license and investigation fees for student loan servicers may not be used for purposes other than to cover the costs of administering the Maine Revised Statutes, Title 9-A, Article 14;
6. It replaces language in the bill with language from laws in other states regulating student loan servicing to maintain consistency; and
7. It adds an appropriations and allocations section.

### **Enacted Law Summary**

Public Law 2019, chapter 431 does the following.

1. It creates a position of student loan ombudsman under the Superintendent of Consumer Credit Protection within the Department of Professional and Financial Regulation, Bureau of Consumer Credit Protection. The student loan ombudsman's duties include: receiving, reviewing and, if possible, resolving complaints from student loan

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borrowers; compiling and analyzing student loan borrower data; assisting student loan borrowers to understand their rights and responsibilities; providing information to the public, agencies and Legislators regarding concerns of student loan borrowers and making recommendations to resolve them; analyzing and monitoring the development and implementation of other legislation and policies that affect student loan borrowers and recommending necessary changes; reviewing student education loan history for borrowers who consent; disseminating information about the ombudsman's availability to assist others; seek the assistance of financial institutions or the Finance Authority of Maine in the resolution of student loan borrower complaints; and other necessary actions.

2. It requires the superintendent to submit an annual report by January 1st of each year in regard to the effectiveness of the student loan ombudsman and to recommend additional steps necessary to gain regulatory control over licensing and enforcement with respect to student loan servicers.

3. It establishes a licensing procedure for student loan servicers, which includes an investigation of an applicant, along with a license fee and an investigation fee and requires the costs of the investigation to be paid by the licensee or person being investigated. A license is required for each physical location where a student loan servicer does business. It authorizes the Superintendent of Consumer Credit Protection within the Department of Professional and Financial Regulation, Bureau of Consumer Credit Protection to require student loan servicers to file license applications electronically and to use the nationwide mortgage loan servicer licensing system and registry.

4. It authorizes the automatic licensure of student loan servicers under contract with the federal Department of Education.

5. It exempts from the student loan servicer requirements imposed by the law most financial institutions licensed by the State, including licensed banks and credit unions, supervised financial organizations, Maine financial institutions and mutual holding companies whose home state is Maine and the Finance Authority of Maine. Those exempt organizations are required to work with the student loan ombudsman to resolve student loan borrower complaints and provide information as requested by the ombudsman.

6. It requires student loan servicers to comply with all applicable federal laws and regulations related to student education loan servicing. It also identifies prohibited acts for student loan servicers, including employing any scheme, device or artifice to defraud or mislead student loan borrowers.

**LD 1009      An Act To Provide Protections for Maine Patients Facing Step Therapy**

**PUBLIC 295**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
WARREN C SANBORN H	OTP-AM	H-432

This bill requires health insurance carriers to establish a process for prescription drug step therapy exceptions.

**Committee Amendment "A" (H-432)**

This amendment conforms the timeline for responding to a request for a step therapy override exception determination with the existing timeline for prior authorization requests. The amendment clarifies the meaning of exigent circumstances and makes clear that a carrier is required to continue to provide access to the prescription drug subject to step therapy protocol during the consideration of a request for a step therapy override exception determination. The amendment also adds a definition of "stable on a prescription drug" and clarifies that the provisions do not prevent a carrier from requiring an enrollee to try an interchangeable biological product. The amendment also changes the allocation of a new section of the statutory provision to avoid a numbering problem.

**Enacted Law Summary**

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Public Law 2019, chapter 295 requires health insurance carriers to establish a process for prescription drug step therapy exceptions. The law conforms the timeline for responding to a request for a step therapy override exception determination with the existing timeline for prior authorization requests. The law clarifies the meaning of exigent circumstances and makes clear that a carrier is required to continue to provide access to the prescription drug subject to step therapy protocol during the consideration of a request for a step therapy override exception determination.

Public Law 2019, chapter 295 applies to health plans issued or renewed by health insurance carriers on or after January 1, 2020.

### **LD 1025      An Act To Prohibit the Provision of Conversion Therapy to Minors by Certain Licensed Professionals**

**PUBLIC 165**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
FECTEAU R SANBORN L	OTP-AM OTP-AM	H-213

This bill does the following.

1. It defines "conversion therapy" as any practice or course of treatment that seeks or purports to change an individual's sexual orientation or gender identity, except for any practice or treatment that assists an individual undergoing a gender transition; any practice or treatment that provides acceptance, support and understanding to an individual; and any practice or treatment that facilitates an individual's coping, social support or identity exploration and development, including any therapeutic intervention that is neutral with regard to sexual orientation or gender identity, and that seeks to prevent or address unlawful conduct or unsafe sexual practices, as long as the counseling does not seek to change the individual's sexual orientation or gender identity.
2. It prohibits certified school psychologists and guidance counselors, nurses, doctors, physician assistants, psychologists, psychological examiners, alcohol and drug counselors and aides, social workers, pharmacists and pharmacy technicians, professional counselors, marriage and family therapists, pastoral counselors, speech-language pathologists and assistants and audiologists from advertising, offering or administering conversion therapy to individuals under 18 years of age. Advertising, offering or administering conversion therapy to an individual under 18 years of age in violation of this prohibition is grounds for discipline of the professional by the department or board that issued the professional's license, certification or registration, including but not limited to suspension or revocation of the license, certification or registration.
3. It prohibits MaineCare reimbursement for conversion therapy administered to an individual who is under 18 years of age.
4. It includes a statement of legislative findings and intent.

#### **Committee Amendment "A" (H-213)**

This amendment is the majority report of the committee. The amendment clarifies the definition of "conversion therapy." The bill provides that evidence that a certified school psychologist or guidance counselor has advertised, offered or administered conversion therapy to a child within the last 5 years is grounds for discipline; the amendment retains this provision but removes the 5-year limitation. The amendment also removes a similar 5-year limitation added by the bill to the current law that provides that evidence that an applicant for such a certification has injured the health or welfare of a child through abuse or exploitation is grounds for a denial of the certification. The amendment also adds an additional finding and makes other clarifying changes to the legislative findings and intent section.



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### **Committee Amendment "B" (H-214)**

This amendment is the minority report of the committee and replaces the bill. In place of the bill, the amendment incorporates the substance of L.D. 1296, An Act To Clarify the Scope of Practice of Certain Licensed Professionals Regarding Conversion Therapy. The amendment does the following.

1. It defines "conversion therapy" as any aversive practice or treatment that seeks to change an individual's sexual orientation or gender identity. The amendment defines "aversive practice or treatment" as any practice or treatment that is intended to induce changes in behavior through unpleasant stimuli or punishment and provides examples of aversive practices or treatments.
2. It provides that advertising, offering or administering conversion therapy to individuals under 18 years of age in the State is an unfair trade practice. Court actions involving conversion therapy brought against health care providers under the Maine Unfair Trade Practices Act are not governed by the specialized procedures set forth in the Maine Health Security Act for actions involving professional negligence.
3. It prohibits school psychologists and guidance counselors, nurses, doctors, physician assistants, psychologists, psychological examiners, alcohol and drug counselors and aides, social workers, pharmacists and pharmacy technicians, professional counselors, marriage and family therapists, pastoral counselors, speech-language pathologists and assistants and audiologists from administering conversion therapy to individuals under 18 years of age. Administration of conversion therapy to an individual under 18 years of age in violation of this prohibition is grounds for discipline of the professional by the department or board that issued the professional's license, certification or registration, including but not limited to suspension or revocation of the license, certification or registration.
4. It prohibits MaineCare reimbursement for conversion therapy administered to an individual who is under 18 years of age.

This amendment was not adopted.

### **House Amendment "A" To Committee Amendment "A" (H-222)**

This amendment replaces Committee Amendment "A" and the bill to incorporate the substance of L.D. 1296, An Act To Clarify the Scope of Practice of Certain Licensed Professionals Regarding Conversion Therapy. The amendment does the following.

1. It defines "conversion therapy" as any aversive practice or treatment that seeks to change an individual's sexual orientation or gender identity. The amendment defines "aversive practice or treatment" as any practice or treatment that is intended to induce changes in behavior through unpleasant stimuli or punishment and provides examples of aversive practices or treatments.
2. It provides that advertising, offering or administering conversion therapy to individuals under 18 years of age in the State is an unfair trade practice. Court actions involving conversion therapy brought against health care providers under the Maine Unfair Trade Practices Act are not governed by the specialized procedures set forth in the Maine Health Security Act for actions involving professional negligence.
3. It prohibits school psychologists and guidance counselors, nurses, doctors, physician assistants, psychologists, psychological examiners, alcohol and drug counselors and aides, social workers, pharmacists and pharmacy technicians, professional counselors, marriage and family therapists, pastoral counselors, speech-language pathologists and assistants and audiologists from administering conversion therapy to individuals under 18 years of age. Administration of conversion therapy to an individual under 18 years of age in violation of this prohibition is grounds for discipline of the professional by the department or board that issued the professional's license,

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certification or registration, including but not limited to suspension or revocation of the license, certification or registration.

4. It prohibits MaineCare reimbursement for conversion therapy administered to an individual who is under 18 years of age.

House Amendment "A" to Committee Amendment "A" was not adopted.

### **Senate Amendment "A" To Committee Amendment "A" (S-111)**

This amendment replaces Committee Amendment "A" and the bill to incorporate the substance of L.D. 1296, An Act To Clarify the Scope of Practice of Certain Licensed Professionals Regarding Conversion Therapy. This amendment does the following.

1. It defines "conversion therapy" as any aversive practice or treatment that seeks to change an individual's sexual orientation or gender identity. The amendment defines "aversive practice or treatment" as any practice or treatment that is intended to induce changes in behavior through unpleasant stimuli or punishment and provides examples of aversive practices or treatments.
2. It provides that advertising, offering or administering conversion therapy to individuals under 18 years of age in the State is an unfair trade practice. Court actions involving conversion therapy brought against health care providers under the Maine Unfair Trade Practices Act are not governed by the specialized procedures set forth in the Maine Health Security Act for actions involving professional negligence.
3. It prohibits school psychologists and guidance counselors, nurses, doctors, physician assistants, psychologists, psychological examiners, alcohol and drug counselors and aides, social workers, pharmacists and pharmacy technicians, professional counselors, marriage and family therapists, pastoral counselors, speech-language pathologists and assistants and audiologists from administering conversion therapy to individuals under 18 years of age. Administration of conversion therapy to an individual under 18 years of age in violation of this prohibition is grounds for discipline of the professional by the department or board that issued the professional's license, certification or registration, including but not limited to suspension or revocation of the license, certification or registration.
4. It prohibits MaineCare reimbursement for conversion therapy administered to an individual who is under 18 years of age.

Senate Amendment "A" to Committee Amendment "A" was not adopted.

### **Enacted Law Summary**

Public Law 2019, chapter 165 prohibits certified school psychologists and guidance counselors, nurses, doctors, physician assistants, psychologists, psychological examiners, alcohol and drug counselors and aides, social workers, pharmacists and pharmacy technicians, professional counselors, marriage and family therapists, pastoral counselors, speech-language pathologists and assistants and audiologists from advertising, offering or administering conversion therapy to individuals under 18 years of age. Advertising, offering or administering conversion therapy to an individual under 18 years of age in violation of this prohibition is grounds for discipline of the professional by the department or board that issued the professional's license, certification or registration, including but not limited to suspension or revocation of the license, certification or registration.

The law defines "conversion therapy" as any practice or course of treatment that seeks or claims to change an individual's sexual orientation or gender identity, except for any practice or treatment that assists an individual undergoing a gender transition; any practice or treatment that provides acceptance, support and understanding to an

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individual; and any practice or treatment that facilitates an individual's coping, social support or identity exploration and development, including any therapeutic intervention that is neutral with regard to sexual orientation or gender identity, and that seeks to prevent or address unlawful conduct or unsafe sexual practices, as long as the counseling does not seek or claim to change the individual's sexual orientation or gender identity.

The law prohibits MaineCare reimbursement for conversion therapy administered to an individual who is under 18 years of age.

Public Law 2019, chapter 165 also includes a statement of legislative findings and intent.

**LD 1047     An Act To Prohibit Consideration of Naloxone Purchases in Life Insurance Underwriting**

**PUBLIC 203**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
SANBORN H TEPLER D	OTP-AM ONTP	S-106

This bill prohibits a denial or limitation of coverage or an increase in insurance premiums under a life insurance policy based on the fact that an individual has been issued a prescription for naloxone or has purchased naloxone.

**Committee Amendment "A" (S-106)**

This amendment is the majority report and replaces the bill. The amendment prohibits a denial or limitation of coverage or an increase in insurance premiums under a life insurance policy based on the fact that an individual has been issued a prescription for naloxone hydrochloride or has purchased naloxone hydrochloride. The amendment also provides an exception to the prohibition when the individual has a demonstrated history of opioid use disorder.

**Enacted Law Summary**

Public Law 2019, chapter 203 prohibits a denial or limitation of coverage or an increase in insurance premiums under a life insurance policy based on the fact that an individual has been issued a prescription for naloxone hydrochloride or has purchased naloxone hydrochloride. The law provides an exception to the prohibition when the individual has a demonstrated history of opioid use disorder.

**LD 1072     An Act To Promote Workforce Education on Alzheimer's Disease and Dementia**

**ONTP**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
CRAVEN M GRATWICK G	ONTP	

This bill requires health care practitioners to disclose a diagnosis of Alzheimer's disease or dementia to an authorized representative or a family or household member except for a person that is expressly prohibited by the individual diagnosed. The health care practitioner making the diagnosis must also provide information regarding care planning services, including assistance understanding the diagnosis, and medical and nonmedical options for treatment, services and supports and information on how to access those options.

The bill requires that by January 1, 2023 every hospital must have a policy regarding the recognition and management of patients with Alzheimer's disease and dementia within that hospital and have the policy on file. The hospital must consult with the Department of Health and Human Services and statewide organizations with expertise in the field of Alzheimer's disease and dementia and include relevant portions of the federal Department of Health and Human Services, Centers for Disease Control and Prevention "Healthy Brain Initiative" publication and

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any succeeding plans and the state plan regarding Alzheimer's disease and related dementias in Maine developed by the Department of Health and Human Services.

The bill also requires continuing education requirements to be adopted by the Board of Licensure in Medicine, the Board of Osteopathic Licensure and the State Board of Nursing that relate to diagnosis, behavioral symptoms, respectful and effective communication, safety, signs of abuse and neglect and identifying signs of self-neglect by persons living alone with Alzheimer's or dementia. It also requires physician assistants to receive the same continuing education.

The bill also requires the Department of Health and Human Services to provide four hours of education and training to all employees of adult protective services at the beginning of employment.

**LD 1082      An Act To Provide for Alternative Pain Treatment before Treatment      ONTP**  
**with Opioids**

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

This bill prohibits an individual licensed to prescribe opioid medication from prescribing opioid medication to a patient who does not have an active prescription for opioid medication unless the patient has completed 24 sessions of alternative pain treatment. This bill exempts from this requirement patients who have pain associated with cancer treatment, palliative care in conjunction with a serious illness, end-of-life and hospice care, medication-assisted treatment for substance use disorder and other circumstances determined in rule by the Department of Health and Human Services. This bill requires an individual licensed to prescribe opioid medication to discuss alternative pain treatment with a patient who has an active prescription for opioid medication. This bill also provides that a referral from an individual licensed under the Maine Revised Statutes, Title 32 whose scope of practice includes prescribing opioid medication is not required for coverage for alternative pain treatment and that the cost of covered alternative pain treatment may not exceed the cost of a visit to a primary care provider.

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

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

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

This bill was carried over to any special or regular session, or both, of the 129th Legislature by joint order, H.P. 1322.

**LD 1089      An Act To Ban Discretionary Clauses in Disability Income Insurance      PUBLIC 179**  
**Policies**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
CARPENTER M	OTP-AM	S-89

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This bill adds a provision in the individual and group life insurance and health insurance and health maintenance organization provisions in the Maine Insurance Code that prohibits the inclusion or enforcement of a contract provision allowing the insurer sole or absolute discretion to interpret the terms of the insurance contract.

**Committee Amendment "A" (S-89)**

This amendment replaces the bill. The amendment prohibits the inclusion or enforcement of a contract provision in individual and group disability income insurance policies allowing the insurer sole or absolute discretion to interpret the insurance contract.

**Enacted Law Summary**

Public Law 2019, chapter 179 prohibits the inclusion or enforcement of a contract provision in individual and group disability income insurance policies allowing the insurer sole or absolute discretion to interpret the insurance contract.

**LD 1105      An Act To Allow Acupuncture Detoxification Specialists To Administer      PUBLIC 269**  
**an Auricular Acupuncture Treatment for Substance Use and**  
**Co-occurring Disorders**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
PERRY A CLAXTON N	OTP-AM	H-337

This bill directs the Department of Professional and Financial Regulation, Board of Complementary Health Care Providers to license acupuncture detoxification specialists and establishes standards for the provision of auricular acupuncture detoxification. The bill directs the board to adopt rules to implement the requirements.

**Committee Amendment "A" (H-337)**

This amendment replaces the bill and directs the Department of Professional and Financial Regulation, Board of Complementary Health Care Providers to license acupuncture detoxification specialists. The amendment also establishes standards for the provision of auricular acupuncture detoxification.

**Enacted Law Summary**

Public Law 2019, chapter 269 directs the Department of Professional and Financial Regulation, Board of Complementary Health Care Providers to license acupuncture detoxification specialists. The law also establishes standards for the provision of auricular acupuncture detoxification.

**LD 1138      An Act To Ensure Health Insurance Coverage for Treatment for      CARRIED OVER**  
**Childhood Postinfectious Neuroimmune Disorders Including Pediatric**  
**Autoimmune Neuropsychiatric Disorders Associated with Streptococcal**  
**Infections and Pediatric Acute-onset Neuropsychiatric Syndrome**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
BAILEY D DESCHAMBAULT S		

This bill requires health insurance coverage for treatment of childhood postinfectious neuroimmune disorders, a group of medical conditions that includes autoinflammatory encephalopathic conditions including pediatric autoimmune neuropsychiatric disorders associated with streptococcal infections and pediatric acute-onset

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neuropsychiatric syndrome. The treatments authorized include certain treatments described as the standard of care in a series of articles in the 2017 Journal of Child and Adolescent Psychopharmacology, Volume 27, Number 7. The requirements apply to all individual and group policies and contracts issued or renewed on or after January 1, 2020.

Pursuant to Maine Revised Statutes, Title 24-A, Section 2752, the committee referred this bill to the Bureau of Insurance for review and evaluation of the financial impact, social impact and medical efficacy of the mandated health benefit proposal. This bill was carried over to any special or regular session, or both, of the 129th Legislature by joint order, H.P. 1322.

### **LD 1155 An Act To Protect Patients and the Prudent Layperson Standard**

**PUBLIC 238**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
GIDEON S FOLEY R	OTP-AM	H-372

This bill establishes a definition of "emergency medical condition" in the law governing utilization review in the Maine Insurance Code and makes clear that the determination of an emergency medical condition relies on the prudent layperson standard regardless of the final diagnosis that is given. The bill also prohibits a carrier from requiring prior authorization for emergency services and requires that utilization review of benefit determinations for emergency services be conducted by a clinical peer, who is a licensed provider in the same or similar specialty as typically manages the medical condition, procedure or treatment under review.

#### **Committee Amendment "A" (H-372)**

This amendment makes several changes to the bill, as follows.

1. It removes the reference to inadequately controlled pain and uses the phrase "severe pain" to maintain consistency with the definition used in the federal Patient Protection and Affordable Care Act.
2. It clarifies the definition of "emergency service" so that it applies to services provided in an emergency setting or facility and makes other changes to maintain consistent language within the definition.
3. It removes the reference to prior authorization for emergency services in section 2 of the bill because it is redundant with changes made in section three.
4. It clarifies that before a carrier denies benefits or reduces payment for an emergency service based on a determination of the absence of an emergency medical condition or a determination that a lower level of care was needed, the carrier's utilization review must be done by a board-certified emergency physician who is licensed in this State and that the review must include a review of the enrollee's medical record related to the emergency medical condition subject to dispute.
5. It provides that any rules adopted by the Department of Professional and Financial Regulation, Bureau of Insurance to amend current rules to conform to changes made in this legislation are routine technical rules.

#### **Enacted Law Summary**

Public Law 2019, chapter 238 establishes a definition of "emergency medical condition" and "emergency service" in the law governing utilization review in the Maine Insurance Code and makes clear that the determination of an emergency medical condition relies on the prudent layperson standard regardless of the final diagnosis that is given. The law clarifies the definition of "emergency service" so that it applies to services provided in an emergency setting or facility and makes other changes to maintain consistent language within the definition.

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The law also prohibits a carrier from requiring prior authorization for emergency services and requires that, before a carrier denies benefits or reduces payment for an emergency service based on a determination of the absence of an emergency medical condition or a determination that a lower level of care was needed, the carrier's utilization review must be done by a board-certified emergency physician who is licensed in this State and that the review must include a review of the enrollee's medical record related to the emergency medical condition subject to dispute.

### **LD 1162 An Act To Further Expand Drug Price Transparency**

**PUBLIC 470**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
VITELLI E TEPLER D	OTP-AM	S-252

This bill requires that, if a prescription drug has a wholesale acquisition cost of more than \$40 for a course of therapy and there is an increase in the wholesale acquisition cost of that prescription drug of more than 16%, including the proposed increase and the cumulative increases that occurred within the previous two calendar years prior to the current year, the manufacturer of the prescription drug must provide notice to certain registered purchasers.

Under current law the Maine Health Data Organization, referred to as the "organization," is required to collect and report information with regard to the 25 prescription drugs that are the most frequently prescribed in the State, the 25 costliest as determined by the total amount spent on those drugs in the State and the 25 drugs that have the highest year-over-year cost increases in total spending in the State. This bill requires the organization to post online a list of the identified prescription drugs, along with the corresponding wholesale acquisition cost and the percentage of wholesale acquisition cost increase, if applicable, for each identified prescription drug.

The bill directs the organization to develop a plan to collect data from manufacturers that will help explain how prescription drug prices are established. The organization is required to work with other state and national agencies and organizations to determine how to conduct the data collection. The organization is required to submit the plan as well as any recommendations for legislation to the joint standing committee of the Legislature having jurisdiction over judiciary matters by April 1, 2020. That committee may report out legislation to the First or Second Regular Session of the 130th Legislature.

Using the plan developed and reported to the Legislature, starting in 2021 the organization must require the manufacturer of each drug on the list to disclose drug production, research and development costs, marketing and advertising costs and actual costs paid by purchasers. The manufacturer must certify the accuracy of the information and provide it within 60 days after the information is requested by the organization. The organization is authorized to request additional information related to the required information. The information that the manufacturers are directed to provide to the organization, unless the information is already publicly accessible or available or previously released in the public domain, must be held confidential at the request of the manufacturer. The organization may release information that was previously accessible or available or released in the public domain. The organization may release additional information as long as the information released is not a trade secret. The organization must treat the information as "Level II" information as required by rules that have already been adopted by the organization.

This amendment provides that the manufacturer may voluntarily provide any other information the manufacturer determines relevant to the increase in wholesale acquisition cost, including but not limited to information about all manufacturer-sponsored assistance programs for that drug in the previous year, including the terms of the programs, the total amount of financial assistance provided to residents of the State and the average amount of assistance per resident of the State for whom assistance was provided. This information is not considered confidential and the

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organization may release it, identifying both the manufacturer and the individual drug. The organization is required to submit an annual report to the Legislature based on the list of up to 75 drugs and the wholesale acquisition cost information. The organization may include in the report recommendations for increasing prescription drug pricing transparency. Once the organization starts collecting information from manufacturers in 2021, the report must also include at least a summary of the manufacturer information. The organization is required to post the report online.

The bill provides that when a manufacturer violates the reporting requirements, the Board of Directors of the Maine Health Data Organization may impose a fine of not more than \$10,000 per day after the deadline for reporting required information. If the manufacturer fails to pay a fine, or if an injunction is necessary, the board may refer the matter to the Attorney General. The Attorney General may bring an action in Superior Court for injunctive relief, enforcement of fines, costs, attorney's fees and any other appropriate remedy.

The legislation does not restrict the legal ability of a prescription drug manufacturer to change prices to the extent permitted under federal law.

### **Committee Amendment "A" (S-252)**

This amendment replaces the bill. The amendment does the following.

The amendment requires prescription drug manufacturers to report annually to the Maine Health Data Organization no later than January 30, 2020 and annually thereafter, on prescription drug prices when the manufacturer has during the prior calendar year increased the wholesale acquisition cost of a brand-name drug by more than 20% per pricing unit, increased the wholesale acquisition cost of a generic drug that costs at least \$10 per pricing unit by more than 20% per pricing unit or introduced a new drug for distribution in this State when the wholesale acquisition cost is greater than the amount that would cause the drug to be considered a specialty drug under the Medicare Part D program.

The amendment also requires prescription drug manufacturers, wholesale drug distributors and pharmacy benefits managers to provide pricing component data per pricing unit of a drug within 60 days of a request by the Maine Health Data Organization. The amendment defines "pricing component data" as data unique to each manufacturer, wholesale drug distributor or pharmacy benefits manager that evidences the cost to make a prescription drug available to consumers and the payments received by each manufacturer, wholesale drug distributor or pharmacy benefits manager to make a prescription drug available to consumers, taking into account any price concessions, and that is measured uniformly among the entities, as determined by rules adopted by the organization.

The amendment provides that reported information is confidential, except that information may be shared in the aggregate and with the Department of Professional and Financial Regulation, Bureau of Insurance for enforcement purposes.

Beginning November 1, 2020 and annually thereafter, the amendment requires the Maine Health Data Organization to produce and post on its publicly accessible website an annual report, including information developed from the notifications and disclosures received from prescription drug manufacturers, wholesale drug distributors and pharmacy benefits managers on trends in the cost of prescription drugs, an analysis of manufacturer prices and price increases, the major components of prescription drug pricing along the supply chain and the impacts on insurance premiums and cost sharing and other information the organization determines is relevant to providing greater consumer awareness of the factors contributing to the cost of prescription drugs in the State.

### **Enacted Law Summary**

Public Law 2019, chapter 470 requires prescription drug manufacturers to report annually to the Maine Health Data Organization no later than January 30, 2020 and annually thereafter, on prescription drug prices when the manufacturer has during the prior calendar year increased the wholesale acquisition cost of a brand-name drug by more than 20% per pricing unit, increased the wholesale acquisition cost of a generic drug that costs at least



\$10 per pricing unit by more than 20% per pricing unit or introduced a new drug for distribution in this State when the wholesale acquisition cost is greater than the amount that would cause the drug to be considered a specialty drug under the Medicare Part D program.

The law also requires prescription drug manufacturers, wholesale drug distributors and pharmacy benefits managers to provide pricing component data per pricing unit of a drug within 60 days of a request by the Maine Health Data Organization. The law defines "pricing component data" as data unique to each manufacturer, wholesale drug distributor or pharmacy benefits manager that evidences the cost to make a prescription drug available to consumers and the payments received by each manufacturer, wholesale drug distributor or pharmacy benefits manager to make a prescription drug available to consumers, taking into account any price concessions, and that is measured uniformly among the entities, as determined by rules adopted by the organization.

The law provides that reported information is confidential, except that information may be shared in the aggregate and with the Department of Professional and Financial Regulation, Bureau of Insurance for enforcement purposes.

Beginning November 1, 2020 and annually thereafter, the law requires the Maine Health Data Organization to produce and post on its publicly accessible website an annual report, including information developed from the notifications and disclosures received from prescription drug manufacturers, wholesale drug distributors and pharmacy benefits managers on trends in the cost of prescription drugs, an analysis of manufacturer prices and price increases, the major components of prescription drug pricing along the supply chain and the impacts on insurance premiums and cost sharing and other information the organization determines is relevant to providing greater consumer awareness of the factors contributing to the cost of prescription drugs in the State.

**LD 1197      An Act To Amend the Law Prohibiting the Denial by Health Insurers of      PUBLIC 178**  
**Referrals by Out-of-network Providers**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
FOLEY R MORRIS J	OTP-AM	S-90

This bill provides that the law that prohibits carriers from denying payment for covered health care services solely on the basis that the referral for services was made by an out-of-network provider applies only to referrals made by out-of-network direct primary care providers. It also allows a carrier to require a direct primary care provider who is not a member of the carrier's provider network and who makes a referral to meet appropriate credentialing standards consistent with other primary care providers participating in the carrier's provider network.

**Committee Amendment "A" (S-90)**

This amendment replaces the bill. The amendment provides that the law that prohibits carriers from denying payment for covered health care services solely on the basis that the referral for services was made by an out-of-network provider applies only to referrals made by out-of-network direct primary care providers. It prohibits a carrier from requiring an enrollee to pay a greater cost-sharing amount than the cost-sharing that would apply to the same service if the service was referred by a participating primary care provider. It also allows a carrier to require a direct primary care provider who is not a member of the carrier's provider network to attest that the provider is a direct primary care provider through a written attestation or copy of the direct primary care agreement with the enrollee.

**Enacted Law Summary**

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Public Law 2019, chapter 178 provides that the law that prohibits carriers from denying payment for covered health care services solely on the basis that the referral for services was made by an out-of-network provider applies only to referrals made by out-of-network direct primary care providers. It prohibits a carrier from requiring an enrollee to pay a greater cost-sharing amount than the cost-sharing that would apply to the same service if the service was referred by a participating primary care provider. It also allows a carrier to require a direct primary care provider who is not a member of the carrier's provider network to attest that the provider is a direct primary care provider through a written attestation or copy of the direct primary care agreement with the enrollee.

**LD 1236      An Act To Clarify the Laws Governing the Licensing of Paramedics      ONTP**

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

This bill defines paramedic and paramedic emergency medical treatment in the laws governing the provision of emergency medical treatment. It also authorizes the Emergency Medical Services' Board to establish by rule appropriate licensure levels for paramedics and the qualifications for persons to hold those licenses.

**LD 1243      An Act To Assist Small Businesses in Providing Health Care for Their Employees      ONTP**

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

This bill requires the Bureau of Insurance, Consumer Health Care Division to provide education and resources to employers with 50 or fewer employees to assist with making decisions related to health care coverage for their employees.

See related bill, LD 1274.

**LD 1260      An Act Regarding Short-term, Limited-duration Health Plans      PUBLIC 330**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
FOLEY V JACKSON T	OTP-AM	H-476

This bill limits the issuance of short-term, limited-duration individual health insurance policies in this State to policies with a term that is 3 months or less and further restricts an insurer or the insurer's agent or broker from issuing a short-term, limited-duration policy that replaces a prior short-term, limited-duration policy if the combined term of the new policy and all prior successive policies exceeds 3 months in any 12-month period. The bill prohibits an insurer from imposing any preexisting condition exclusion on a short-term, limited-duration policy. The bill also requires that insurers make specific written disclosures related to the terms and benefits of policies in at least 14-point type, including the types of benefits and consumer protections that are and are not included in the policies. The bill prohibits the issuance of a policy without prior approval from the Superintendent of Insurance.

The requirements of the bill apply to policies issued or renewed in this State on or after January 1, 2020.

**Committee Amendment "A" (H-476)**

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

This amendment replaces the bill. The amendment does the following.

1. It limits the issuance of short-term, limited-duration individual health insurance policies in this State to policies with a term that ends on December 31st of the calendar year in which they are issued and allows an insurer or the insurer's agent or broker to issue a short-term, limited-duration policy that replaces a prior short-term, limited-duration policy only if the combined term of the new policy and all prior policies does not exceed 24 months and as long as the individual has not been covered under any short-term, limited-duration policy for at least 12 months prior to the issuance of a policy.
2. It requires that insurers make specific written disclosures related to the terms and benefits of policies in at least 14-point type, including the types of benefits and consumer protections that are and are not included in the policies, a summary of plan benefits, limits and exclusions in a standardized format, information about the circumstances in which covered benefits may be subject to balance billing and examples of how charges may be applied toward any cost sharing under the policy and billed to the individual policyholder, and a comparison of the short-term, limited-duration policy to a qualified health plan in the terms, benefits and conditions of the policy, any exclusions, medical loss ratio requirements or the provisions of guaranteed renewal and continuity of coverage. It also requires an insurer to make the documents and information required to be disclosed to be made available on the insurer's publicly accessible website.
3. It prohibits a short-term, limited-duration policy from being actively marketed or sold during any open enrollment period except for a policy that terminates coverage on December 31st.
4. It restricts the sale of short-term, limited-duration policies to in-person encounters with an insurer or an insurer's agent or broker.
5. It requires that an insurer or an insurer's agent or broker, upon offering an individual short-term, limited-duration policy for purchase, assess an individual making an application for eligibility for an advanced premium tax credit or cost-sharing reduction for coverage under a qualified health plan purchased on the exchange pursuant to the federal Patient Protection and Affordable Care Act and provide an estimate of the cost for coverage under a qualified health plan after applying any advanced premium tax credit or cost-sharing reduction.
6. It requires the Department of Professional and Financial Regulation, Bureau of Insurance to issue, no later than 30 days following the effective date of this legislation, a bulletin related to short-term, limited-duration health insurance policies describing the statutory requirements for the policies, including the requirements enacted in this legislation and the required mandated benefits applicable to all short-term, limited-duration policies.
7. It makes the requirements of this legislation apply to policies issued or renewed in this State on or after January 1, 2020.

### **Enacted Law Summary**

Public Law 2019, chapter 330 does the following.

1. It limits the issuance of short-term, limited-duration individual health insurance policies in this State to policies with a term that ends on December 31st of the calendar year in which they are issued and allows an insurer or the insurer's agent or broker to issue a short-term, limited-duration policy that replaces a prior short-term, limited-duration policy only if the combined term of the new policy and all prior policies does not exceed 24 months and as long as the individual has not been covered under any short-term, limited-duration policy for at least 12 months prior to the issuance of a policy.
2. It requires that insurers make specific written disclosures related to the terms and benefits of policies in at least 14-point type, including the types of benefits and consumer protections that are and are not included in the policies,

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a summary of plan benefits, limits and exclusions in a standardized format, information about the circumstances in which covered benefits may be subject to balance billing and examples of how charges may be applied toward any cost sharing under the policy and billed to the individual policyholder, and a comparison of the short-term, limited-duration policy to a qualified health plan in the terms, benefits and conditions of the policy, any exclusions, medical loss ratio requirements or the provisions of guaranteed renewal and continuity of coverage. It also requires an insurer to make the documents and information required to be disclosed to be made available on the insurer's publicly accessible website.

3. It prohibits a short-term, limited-duration policy from being actively marketed or sold during any open enrollment period except for a policy that terminates coverage on December 31st.

4. It restricts the sale of short-term, limited-duration policies to in-person encounters with an insurer or an insurer's agent or broker.

5. It requires that an insurer or an insurer's agent or broker, upon offering an individual short-term, limited-duration policy for purchase, assess an individual making an application for eligibility for an advanced premium tax credit or cost-sharing reduction for coverage under a qualified health plan purchased on the exchange pursuant to the federal Patient Protection and Affordable Care Act and provide an estimate of the cost for coverage under a qualified health plan after applying any advanced premium tax credit or cost-sharing reduction.

6. It requires the Department of Professional and Financial Regulation, Bureau of Insurance to issue, no later than 30 days following the effective date of this legislation, a bulletin related to short-term, limited-duration health insurance policies describing the statutory requirements for the policies, including the requirements enacted in this legislation and the required mandated benefits applicable to all short-term, limited-duration policies.

The requirements of Public Law 2019, chapter 330 apply to policies issued or renewed in this State on or after January 1, 2020.

**LD 1261 An Act To Authorize Certain Health Care Professionals To Perform Abortions**

**PUBLIC 262**

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

This bill allows a physician assistant or an advanced practice registered nurse licensed as such in this State to perform abortions, in addition to a licensed allopathic or osteopathic physician.

**Enacted Law Summary**

Public Law 2019, chapter 262 allows a physician assistant or an advanced practice registered nurse licensed as such in this State to perform abortions, in addition to a licensed allopathic or osteopathic physician.

**LD 1263 An Act Regarding Telehealth**

**PUBLIC 289**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
GRATWICK G TALBOT ROSS R	OTP-AM ONTP	S-176

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

This bill does the following.

1. It provides immunity from liability to health care practitioners who voluntarily provide health care services through telehealth in the same manner as immunity is provided to health care practitioners who voluntarily provide health care services in person.
2. It requires carriers that offer health plans in this State to provide coverage for health care services provided through telehealth services in the same manner as coverage is provided for services provided in person and sets forth certain standards for coverage of telehealth services.
3. It clarifies that carriers may apply prior approval and credentialing requirements for providers for services provided through telehealth services only if the requirements are the same as are applied for services provided in person.
4. It makes the bill's provisions apply to health insurance policies issued or renewed on or after January 1, 2020.

### **Committee Amendment "A" (S-176)**

This amendment does the following.

1. It strikes the references in the bill to "enrollee originating site" and "provider distant site" and removes those definitions.
2. It requires that a clinical evaluation be required before a provider may write a covered prescription through telehealth. The bill requires a physical exam.
3. It removes the prohibition for coverage of prescribed schedule I, II or III controlled substances.
4. It clarifies the telemonitoring requirements and provides that telephonic services are covered when scheduled telehealth services are technologically unavailable at the time of the scheduled telehealth service for an existing enrollee.
5. It removes the exclusions section of the bill.
6. It adds language exempting the bill from the provisions of the Maine Revised Statutes, Title 24-A, section 2752.

### **Enacted Law Summary**

Public Law 2019, chapter 289 does the following.

1. It provides immunity from liability to health care practitioners who voluntarily provide health care services through telehealth in the same manner as immunity is provided to health care practitioners who voluntarily provide health care services in person.
2. It requires carriers that offer health plans in this State to provide coverage for health care services provided through telehealth services in the same manner as coverage is provided for services provided in person and sets forth certain standards for coverage of telehealth services.
3. It clarifies that carriers may apply prior approval and credentialing requirements for providers for services provided through telehealth services only if the requirements are the same as are applied for services provided in person.

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The requirements of Public Law 2019, chapter 289 apply to health insurance policies issued or renewed on or after January 1, 2020.

### **LD 1264     An Act Relating to Insurance Coverage for Screening Mammograms     ONTP**

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

This bill amends the definition of "screening mammogram" to include 3-dimensional tomosynthesis for purposes of required health insurance coverage and reimbursement by individual plans, group plans, health maintenance organizations and nonprofit hospital and medical service organizations.

### **LD 1272     An Act To Increase Access to Low-cost Prescription Drugs     PUBLIC 472**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
JACKSON T GIDEON S	OTP-AM ONTP	S-250

This bill establishes a wholesale importation program for prescription drugs from Canada by or on behalf of the State in order to provide cost savings to consumers. The bill requires the Department of Health and Human Services to design the program through rulemaking by January 1, 2020. The rules are designated as major substantive and must be submitted to the Legislature for final approval. The bill also specifies that the program may not be implemented until the State has received federal approval and certification. The bill directs the Department of Health and Human Services to apply for federal approval no later than May 1, 2020.

#### **Committee Amendment "A" (S-250)**

This amendment is the majority report of the committee. It adds language to the bill directing the Department of Health and Human Services to consider whether the program may be developed on a multistate basis through collaboration with other states and to apply for and receive funds, grants or contracts from public and private sources.

#### **Enacted Law Summary**

Public Law 2019, chapter 472 establishes a wholesale importation program for prescription drugs from Canada by or on behalf of the State in order to provide cost savings to consumers. The law directs the Department of Health and Human Services to consider whether the program may be developed on a multistate basis through collaboration with other states. The law requires the Department of Health and Human Services to design the program through rulemaking by January 1, 2020. The rules are designated as major substantive and must be submitted to the Legislature for final approval.

The law also specifies that the program may not be implemented until the State has received federal approval and certification. The bill directs the Department of Health and Human Services to apply for federal approval no later than May 1, 2020.

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

**LD 1274 An Act To Enact the Health Insurance Consumer Assistance Program**

**PUBLIC 522**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
SANBORN L GRAMLICH L	OTP-AM	S-110 S-338 BREEN C

This bill establishes the Health Insurance Consumer Assistance Program in the Department of Professional and Financial Regulation, Bureau of Insurance to provide support for consumers, including prospective consumers, of health insurance and to health insurance customer assistance programs and health insurance ombudsman programs. Some of the services the new program may provide include assisting with filing complaints and appeals regarding decisions made by a group health plan, health insurance carrier or independent review organization and obtaining health insurance premium tax credits on behalf of consumers. The Superintendent of Insurance is required to contract with a nonprofit, independent health insurance consumer assistance entity that is not an insurer to operate the consumer assistance program, and funding is provided for that requirement.

**Committee Amendment "A" (S-110)**

This amendment transfers the responsibility for contracting for the Health Insurance Consumer Assistance Program from the Bureau of Insurance to the Attorney General. The amendment also makes other clarifying changes to the bill.

**Senate Amendment "A" To Committee Amendment "A" (S-338)**

This amendment requires, in fiscal year 2019-20 and fiscal year 2020-21, the State Controller to transfer \$200,000 from available balances in the Bureau of Insurance Other Special Revenue Funds account within the Department of Professional and Financial Regulation to the Department of the Attorney General. The amendment also provides an Other Special Revenue Funds allocation to the Department of the Attorney General and makes other technical changes.

**Enacted Law Summary**

Public Law 2019, chapter 522 establishes the Health Insurance Consumer Assistance Program to provide support for consumers, including prospective consumers, of health insurance and to health insurance customer assistance programs and health insurance ombudsman programs. The services the new program will provide include assisting with filing complaints and appeals regarding decisions made by a group health plan, health insurance carrier or independent review organization and obtaining health insurance premium tax credits on behalf of consumers. The Attorney General is required to contract with a nonprofit, independent health insurance consumer assistance entity that is not an insurer to operate the consumer assistance program.

**LD 1281 Resolve, To Create a Committee To Explore Regional Cooperation for Affordable Health Insurance**

**ONTP**

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

This resolve establishes the Committee To Explore Regional Cooperation for Affordable Health Insurance, which is required to study providing a more affordable health insurance option to middle-income individuals and small businesses, including convening a multistate conference to draft a proposal for a nonprofit health insurance cooperative.

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**LD 1296     An Act To Clarify the Scope of Practice of Certain Licensed Professionals Regarding Conversion Therapy**

**Died On  
Adjournment**

Sponsor(s)

AUSTIN S  
DOW D

Committee Report

Amendments Adopted

This bill does the following.

1. It defines "conversion therapy" as any aversive practice or treatment that seeks to change an individual's sexual orientation or gender identity except for talk therapy; counseling or treatment intended to assist an individual undergoing a gender transition; counseling intended to provide acceptance, support and understanding to the individual; and counseling intended to facilitate the individual's coping, social support or identity exploration and development, including any therapeutic intervention that is neutral with regard to sexual orientation and that seeks to prevent or address unlawful conduct or unsafe sexual practices, as long as the counseling does not seek to change the individual's sexual orientation or gender identity.
2. It defines "aversive practice or treatment" as any practice or treatment that is intended to induce changes in behavior through unpleasant stimuli or punishment and provides examples of aversive practices or treatments.
3. It provides that advertising, offering or administering conversion therapy to individuals under 18 years of age in the State is an unfair trade practice. Court actions involving conversion therapy brought against health care providers under the Maine Unfair Trade Practices Act are not governed by the specialized procedures set forth in the Maine Health Security Act for actions involving professional negligence.
4. It prohibits school psychologists and guidance counselors, nurses, doctors, physician assistants, psychologists, psychological examiners, alcohol and drug counselors and aides, social workers, pharmacists and pharmacy technicians, professional counselors, marriage and family therapists, pastoral counselors, speech-language pathologists and assistants and audiologists from administering conversion therapy to individuals under 18 years of age. Administration of conversion therapy to an individual under 18 years of age in violation of this prohibition is grounds for discipline of the professional by the department or board that issued the professional's license, certification or registration, including but not limited to suspension or revocation of the license, certification or registration.
5. It prohibits MaineCare reimbursement for conversion therapy administered to an individual who is under 18 years of age.

See related bill, LD 1025, "An Act to Prohibit the Provision of Conversion Therapy to Minors by Certain Licensed Professionals," which was enacted as Public Law 2019, chapter 165.

**LD 1303     An Act To Establish the State Board of Dental Hygiene**

**Leave to Withdraw  
Pursuant to Joint  
Rule**

Sponsor(s)

MASTRACCIO A

Committee Report

Amendments Adopted



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This bill is a concept draft pursuant to Joint Rule 208.

This bill proposes to establish the State Board of Dental Hygiene as a board affiliated with the Department of Professional and Financial Regulation that is separate from, but shares resources with, the Board of Dental Practice. The State Board of Dental Hygiene would regulate the licensing, practice and discipline of dental hygienists.

**LD 1314 An Act To Extend Protections for Genetic Information**

**PUBLIC 208**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
WHITE B	OTP-AM	H-271

Under current law, when considering the issuance, withholding, extension or renewal of an insurance policy for life, credit life, disability, long-term care, accidental injury, specified disease, hospital indemnity or credit accident insurance or an annuity, an insurer may consider an applicant's genetic information or the results of an applicant's genetic test as long as the consideration of genetic information or test results does not constitute "unfair discrimination." This bill strikes language that authorizes the consideration of genetic information or test results and instead prohibits an insurer from discriminating against an individual on the basis of genetic information or the results of a genetic test in the issuance, withholding, extension or renewal of an insurance policy for life, credit life, disability, long-term care, accidental injury, specified disease, hospital indemnity or credit accident insurance or an annuity.

**Committee Amendment "A" (H-271)**

This amendment replaces the bill. The amendment requires that an insurer obtain the informed written consent of an individual before requesting, requiring, purchasing or using any information from an entity providing direct-to-consumer genetic testing in connection with the issuance, withholding, extension or renewal of an insurance policy for life, credit life, disability, long-term care, accidental injury, specified disease, hospital indemnity or credit accident insurance or an annuity.

**Enacted Law Summary**

Public Law 2019, chapter 208 requires that an insurer obtain the informed written consent of an individual before requesting, requiring, purchasing or using any information from an entity providing direct-to-consumer genetic testing in connection with the issuance, withholding, extension or renewal of an insurance policy for life, credit life, disability, long-term care, accidental injury, specified disease, hospital indemnity or credit accident insurance or an annuity.

**LD 1349 An Act To Create a Licensing Board and Licensure Requirements for Intentional Peer Support Specialists**

**ONTP**

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

This bill creates the State Board of Intentional Peer Support Specialists and licensing requirements for the practice of intentional peer support in the State, modeled on the laws governing alcohol and drug counselors.

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**LD 1353     An Act To Establish Transparency in Primary Health Care Spending**

**PUBLIC 244**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
SANBORN L JORGENSEN E	OTP-AM	S-156

This bill requires insurers to report primary care expenditures to the Maine Health Data Organization and for the Maine Quality Forum to use this data to report annually to the Department of Health and Human Services and the Legislature the percentage of total medical expenditures paid for primary care by commercial insurers, the MaineCare program, Medicare, the organization that administers health insurance for state employees and the Maine Education Association benefits trust respectively, the average of the percentage of total medical expenses paid for primary care across all organizations and the methods used by these organizations to pay for primary care. This bill also requires the Maine Quality Forum to conduct a study on best practices in health care spending reporting and submit its findings to the Department of Health and Human Services and the Joint Standing Committee on Health and Human Services.

**Committee Amendment "A" (S-156)**

This amendment replaces the bill. The amendment requires the Maine Quality Forum to submit an annual report, beginning January 15, 2020, to the Department of Health and Human Services and the joint standing committee of the Legislature having jurisdiction over health coverage and health insurance matters, based on claims data reported to the Maine Health Data Organization and information on methods of reimbursement for primary care reported by insurers. The annual report is required to include the percentage of total medical expenditures paid for primary care by commercial insurers, the MaineCare program, Medicare, the organization that administers health insurance for state employees and the Maine Education Association benefits trust, the average percentage of total medical expenditures paid for primary care across all payors and the methods used by these organizations to pay for primary care. The amendment also requires the Maine Quality Forum to consult with other state and national agencies and organizations on best practices in health care spending reporting.

**Enacted Law Summary**

Public Law 2019, chapter 244 requires the Maine Quality Forum to submit an annual report, beginning January 15, 2020, to the Department of Health and Human Services and the joint standing committee of the Legislature having jurisdiction over health coverage and health insurance matters, based on claims data reported to the Maine Health Data Organization and information on methods of reimbursement for primary care reported by insurers. The annual report is required to include the percentage of total medical expenditures paid for primary care by commercial insurers, the MaineCare program, Medicare, the organization that administers health insurance for state employees and the Maine Education Association benefits trust, the average percentage of total medical expenditures paid for primary care across all payors and the methods used by these organizations to pay for primary care. The law also requires the Maine Quality Forum to consult with other state and national agencies and organizations on best practices in health care spending reporting.

**LD 1361     An Act Regarding Health Care Providers and Patient Trust**

**Leave to Withdraw  
Pursuant to Joint  
Rule**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
O'NEIL M GRATWICK G		



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including:

1. Allowing the department to revoke, suspend or place on probation a pharmacy benefit manager's registration for fraudulent activities, to protect the safety and interest of a consumer or if the pharmacy benefit manager violates state law;
2. Setting out required pharmacy benefit manager business practices, including:
  - A. Placing a fiduciary duty on the managers with respect to the insurers who are the managers' clients;
  - B. Prohibiting the manager from entering into a contract that prohibits a pharmacy or pharmacist from recommending a lower cost or alternative prescription medication than the medication under a covered person's prescription drug plan;
  - C. Prohibiting the manager from requiring accreditation or certification for a pharmacy inconsistent with, more stringent than or in addition to those required by the Maine Board of Pharmacy and other state and federal authorities;
  - D. Limiting the amount of payment required by a covered person for a prescription drug at the point of sale; and
  - E. Prohibiting conflicts of interest; and
3. Requiring an annual report from a pharmacy benefit manager that details the rebates received by the pharmacy benefit manager from pharmaceutical manufacturers for use of the manufacturers' prescription drugs and the disposition of those rebates.

See related bill, LD 1504.

**LD 1402      An Act To Allow State-chartered Credit Unions To Service Medical and      ONTP**  
**Adult Use Marijuana Business Accounts**

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

This bill allows state-chartered credit unions to procure private insurance in lieu of share insurance from the National Credit Union Administration to facilitate the provision of financial services to registered dispensaries or registered caregivers authorized under the Maine Medical Use of Marijuana Act, to entities licensed under the Marijuana Legalization Act and to their employees.

**LD 1406      An Act To Require Certification of Radiologic Technologists Who Are      ONTP**  
**Licensed Chiropractic Assistants**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
WADSWORTH N HAMPER J	ONTP	

This bill requires the certification of radiologic technologists who produce x-rays while employed as licensed chiropractic assistants. Certification requirements include satisfactory completion of a radiologic technology course of instruction of at least 50 hours and passing an examination approved by the Board of Chiropractic Licensure.



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Accreditation.

2. It identifies the educational requirement as a master's degree in dental therapy. It also clarifies that a dental therapy program must either be accredited by the American Dental Association Commission on Dental Education or approved by the Board of Dental Practice by rulemaking consistent with the curriculum standards of a dental therapy program as adopted by the American Dental Association Commission on Dental Education.
3. It requires a provisional dental therapist and a dental therapist to maintain a current certification in advanced cardiac life support.
4. It clarifies the level of supervision of a provisional dental therapist to require both direct and general supervision as identified in a written practice agreement with a supervising dentist. It authorizes a dental therapist to practice under the general supervision instead of direct supervision of a dentist pursuant to a written practice agreement.
5. It removes the practice setting requirements.

### **Committee Amendment "A" (H-503)**

This amendment clarifies the educational requirements for dental therapists.

The amendment removes language proposing to clarify statutory language related to supervision of dental therapists and replaces it with a provision requiring further study of the issues by the Board of Dental Practice. The Board of Dental Practice is directed to recommend changes to the statutory definitions of supervision and to recommend a definition of "teledentistry" for the purpose of aligning current supervision practices and reflecting advancements in technology. The Board of Dental Practice is required to submit its recommendations to the Joint Standing Committee on Health Coverage, Insurance and Financial Services no later than February 1, 2020. The Joint Standing Committee on Health Coverage, Insurance and Financial Services may report out a bill to the Second Regular Session of the 129th Legislature based on the board's recommendations.

### **Enacted Law Summary**

Public Law 2019, chapter 388 makes the following changes to the laws affecting dental therapists.

1. It changes the name of the occupation licensed from "dental hygiene therapist" to "dental therapist" to conform to the name used by other state licensing boards and the American Dental Association Commission on Dental Accreditation.
2. It identifies the educational requirement as a master's degree in dental therapy. It also clarifies that a dental therapy program must either be accredited by the American Dental Association Commission on Dental Education or approved by the Board of Dental Practice by rulemaking consistent with the curriculum standards of a dental therapy program as adopted by the American Dental Association Commission on Dental Education.
3. It requires a provisional dental therapist and a dental therapist to maintain a current certification in advanced cardiac life support.

Public Law 2019, chapter 388 also requires further study of issues related to supervision of dental therapists by the Board of Dental Practice. The Board of Dental Practice is directed to recommend changes to the statutory definitions of supervision and to recommend a definition of "teledentistry" for the purpose of aligning current supervision practices and reflecting advancements in technology. The Board of Dental Practice is required to submit its recommendations to the Joint Standing Committee on Health Coverage, Insurance and Financial Services no later than February 1, 2020. The Joint Standing Committee on Health Coverage, Insurance and Financial Services may report out a bill to the Second Regular Session of the 129th Legislature based on the board's recommendations.

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**LD 1472 An Act To Create a Commission To Establish a State Bank**

**ONTP**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MIRAMANT D ACKLEY K	ONTP	

This bill establishes the State Bank and Tax Reduction Commission, which is charged with making recommendations and suggesting legislation for a legal and organizational framework for the establishment and oversight of a state-owned bank and tax rate reduction policy.

**LD 1499 An Act To Establish the Maine Prescription Drug Affordability Board**

**PUBLIC 471**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
JACKSON T GIDEON S	OTP-AM ONTP	S-251

This bill creates the Maine Prescription Drug Affordability Board to determine the reasonableness of the costs for certain prescription drug products. The bill requires prescription drug manufacturers to notify the board when the introductory price or proposed price increase for a brand-name or generic drug reaches a specified threshold. The board is directed to review the information submitted by manufacturers to justify the price or increase. The bill requires the board to have a public process for each prescription drug required to be reviewed based on certain criteria. The board is directed to determine if the cost to the health care system of appropriate utilization of a drug is commensurate with its benefit to the system and whether the drug is affordable to state residents. If the board finds that the cost in the State is not affordable to state health care systems and state residents, the board is authorized to establish a cost or payment rate for the drug to which all state programs, local governments, licensed commercial health plans, including state marketplace plans, licensed pharmacies, wholesalers and distributors must abide. These covered entities are prohibited from paying more for the drugs than the board-established rate.

**Committee Amendment "A" (S-251)**

This amendment is the majority report of the committee. This amendment replaces the bill. The amendment, as in the bill, establishes the Maine Prescription Drug Affordability Board but removes the provisions that allow rate setting by the board and require the board to determine excess prescription drug costs based upon certain thresholds for prescription drug prices and price increases. The amendment instead provides that the board determines prescription drug spending targets for public entities, including for specific prescription drugs, based upon a 10-year rolling average of the medical care services component of the United States Department of Labor, Bureau of Labor Statistics Consumer Price Index medical care services index plus a reasonable percentage for inflation and minus a spending target determined by the board for pharmacy savings and in consideration of information received about the public entity's prescription drug spending and information collected by the Maine Health Data Organization. The board makes recommendations on prescription drug spending targets, including spending targets for specific prescription drugs, with input from representatives of those public entities. The recommendations may include establishing a common prescription drug formulary among public payors, purchasing prescription drugs in bulk or through a single purchasing agreement, collaborating with other states and state prescription drug purchasing consortia to purchase prescription drugs in bulk or to jointly negotiate rebates, allowing health insurance carriers providing coverage to small businesses in the State to participate in a public payor prescription drug benefit for a fee, procuring common pharmacy benefit management services and actuarial services, negotiating specific rebates and removing drugs for which a manufacturer does not negotiate a sufficient rebate from a formulary and other methods determined by the board. The board is required to report its prescription drug spending targets and the

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methods recommended to meet those targets to the Legislature annually.

### Enacted Law Summary

Public Law 2019, chapter 471 establishes the Maine Prescription Drug Affordability Board. The law provides that the board determines prescription drug spending targets for public entities, including for specific prescription drugs, based upon a 10-year rolling average of the medical care services component of the United States Department of Labor, Bureau of Labor Statistics Consumer Price Index medical care services index plus a reasonable percentage for inflation and minus a spending target determined by the board for pharmacy savings and in consideration of information received about the public entity's prescription drug spending and information collected by the Maine Health Data Organization. The board makes recommendations on prescription drug spending targets, including spending targets for specific prescription drugs, with input from representatives of those public entities. The recommendations may include establishing a common prescription drug formulary among public payors, purchasing prescription drugs in bulk or through a single purchasing agreement, collaborating with other states and state prescription drug purchasing consortia to purchase prescription drugs in bulk or to jointly negotiate rebates, allowing health insurance carriers providing coverage to small businesses in the State to participate in a public payor prescription drug benefit for a fee, procuring common pharmacy benefit management services and actuarial services, negotiating specific rebates and removing drugs for which a manufacturer does not negotiate a sufficient rebate from a formulary and other methods determined by the board. The board is required to report its prescription drug spending targets and the methods recommended to meet those targets to the Legislature annually.

### LD 1504 An Act To Protect Consumers from Unfair Practices Related to Pharmacy Benefits Management

PUBLIC 469

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
SANBORN H TEPLER D	OTP-AM OTP-AM	S-253

This bill replaces the current registration requirement for pharmacy benefits managers doing business in this State with a licensing requirement beginning January 1, 2020. The bill imposes the following requirements on a carrier that provides prescription drug benefits.

1. It makes a carrier responsible for monitoring all activities carried out by the carrier, or all activities carried out on behalf of the carrier by a pharmacy benefits manager, related to a carrier's prescription drug benefits and for ensuring that all requirements of the law are met.
2. If a carrier contracts with a pharmacy benefits manager to perform any activities related to the carrier's prescription drug benefits, it makes the carrier responsible for ensuring that the pharmacy benefits manager acts as the carrier's agent and owes a fiduciary duty to the carrier.
3. It prohibits a carrier from entering into a contract or agreement or allowing a pharmacy benefits manager or any person acting on the carrier's behalf to enter into a contract or agreement that prohibits a pharmacy provider from providing a consumer with the option of paying the cash price for the purchase of a prescription drug and not filing a claim with the consumer's carrier if the cash price is less than the covered person's cost-sharing amount or providing information to a state or federal agency, law enforcement agency or the Superintendent of Insurance when such information is required by law.
4. It prohibits a carrier or pharmacy benefits manager from requiring a consumer to make an excessive payment at the point of sale for a covered prescription drug.
5. It requires a carrier to provide a reasonably adequate retail pharmacy network and specifies that a mail order



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pharmacy may not be included in determining the adequacy of a retail pharmacy network.

6. It replaces and updates current law related to the use of a maximum allowable cost list by a carrier or pharmacy benefits manager under contract with a carrier. It also clarifies how a carrier or pharmacy benefits manager may determine the average wholesale price of a brand-name drug or generic drug not included on the maximum allowable cost list.

7. It specifies how to calculate the amount paid by a carrier or a carrier's pharmacy benefits manager to a pharmacy provider under contract with the carrier or the carrier's pharmacy benefits manager for dispensing a prescription drug.

8. It requires that all compensation remitted by or on behalf of a pharmaceutical manufacturer, developer or labeler, directly or indirectly, to a carrier or to a pharmacy benefits manager related to its prescription drug benefits must be remitted to, and retained by, the carrier and used to lower the premium for covered persons. The bill requires a carrier to file annual reports beginning March 1, 2021 demonstrating how the carrier has complied with this requirement.

9. It requires a carrier to use a prescription drug formulary and specifies certain requirements for accessibility and disclosure of the formulary to covered persons. The bill also prohibits a carrier from allowing a person to be a member of its pharmacy and therapeutics committee if the member has a conflict of interest because of a relationship with, or compensation from, a pharmaceutical manufacturer, developer, labeler, wholesaler or distributor.

10. It requires a carrier to maintain certain records related to the administration and provision of prescription drug benefits under a health plan and authorizes the carrier to audit those activities. The bill also authorizes the superintendent to have access to records upon request.

11. If a carrier uses a pharmacy benefits manager to administer or manage prescription drug benefits provided for the benefit of covered persons, it provides that any pharmacy benefits manager compensation constitutes an administrative cost incurred by a carrier for purposes of calculating the anticipated loss ratio. "Pharmacy benefits manager compensation" is defined in the bill as the difference between the value of payments made by a carrier of a health plan to its pharmacy benefits manager and the value of payments made by the pharmacy benefits manager to dispensing pharmacists for the provision of prescription drugs or pharmacy services with regard to pharmacy benefits covered by the health plan.

12. It provides that the provisions in the bill take effect January 1, 2020.

### **Committee Amendment "A" (S-253)**

This amendment makes the following changes to the bill.

1. It clarifies the provision related to excess payments at the point of sale.
2. It requires that all compensation remitted by or on behalf of a pharmaceutical manufacturer, developer or labeler, directly or indirectly, to a carrier or to a pharmacy benefits manager related to its prescription drug benefit must be remitted directly to the covered person at the point of sale or to the carrier to offset premiums for covered persons.
3. It removes the provision related to prescription drug formularies used by carriers as it is duplicative of other provisions in current law.
4. It clarifies that the definition of "carrier" does not include a multiple-employer welfare arrangement if the

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multiple-employer welfare arrangement contracts with a 3rd-party administrator to manage and administer health benefits, including benefits for prescription drugs.

### **Committee Amendment "B" (S-254)**

This amendment is the minority report of the committee and replaces the bill. The amendment repeals the current registration requirement for pharmacy benefits managers and replaces it with a licensing requirement.

This amendment was not adopted.

### **Enacted Law Summary**

Public Law 2019, chapter 469 replaces the current registration requirement for pharmacy benefits managers doing business in this State with a licensing requirement beginning January 1, 2020. The law imposes the following requirements on a carrier that provides prescription drug benefits.

1. It makes a carrier responsible for monitoring all activities carried out by the carrier, or all activities carried out on behalf of the carrier by a pharmacy benefits manager, related to a carrier's prescription drug benefits and for ensuring that all requirements of the law are met.
2. If a carrier contracts with a pharmacy benefits manager to perform any activities related to the carrier's prescription drug benefits, it makes the carrier responsible for ensuring that the pharmacy benefits manager acts as the carrier's agent and owes a fiduciary duty to the carrier.
3. It prohibits a carrier from entering into a contract or agreement or allowing a pharmacy benefits manager or any person acting on the carrier's behalf to enter into a contract or agreement that prohibits a pharmacy provider from providing a consumer with the option of paying the cash price for the purchase of a prescription drug and not filing a claim with the consumer's carrier if the cash price is less than the covered person's cost-sharing amount or providing information to a state or federal agency, law enforcement agency or the Superintendent of Insurance when such information is required by law.
4. It prohibits a carrier or pharmacy benefits manager from requiring a consumer to make an excessive payment at the point of sale for a covered prescription drug.
5. It requires a carrier to provide a reasonably adequate retail pharmacy network and specifies that a mail order pharmacy may not be included in determining the adequacy of a retail pharmacy network.
6. It replaces and updates current law related to the use of a maximum allowable cost list by a carrier or pharmacy benefits manager under contract with a carrier. It also clarifies how a carrier or pharmacy benefits manager may determine the average wholesale price of a brand-name drug or generic drug not included on the maximum allowable cost list.
7. It specifies how to calculate the amount paid by a carrier or a carrier's pharmacy benefits manager to a pharmacy provider under contract with the carrier or the carrier's pharmacy benefits manager for dispensing a prescription drug.
8. It requires that all compensation remitted by or on behalf of a pharmaceutical manufacturer, developer or labeler, directly or indirectly, to a carrier or to a pharmacy benefits manager related to its prescription drug benefit must be remitted directly to the covered person at the point of sale or to the carrier to offset premiums for covered persons. The law requires a carrier to file annual reports beginning March 1, 2021 demonstrating how the carrier has complied with this requirement.
9. It prohibits a carrier from allowing a person to be a member of its pharmacy and therapeutics committee if the

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member has a conflict of interest because of a relationship with, or compensation from, a pharmaceutical manufacturer, developer, labeler, wholesaler or distributor.

10. It requires a carrier to maintain certain records related to the administration and provision of prescription drug benefits under a health plan and authorizes the carrier to audit those activities. The law also authorizes the superintendent to have access to records upon request.

11. If a carrier uses a pharmacy benefits manager to administer or manage prescription drug benefits provided for the benefit of covered persons, it provides that any pharmacy benefits manager compensation constitutes an administrative cost incurred by a carrier for purposes of calculating the anticipated loss ratio. "Pharmacy benefits manager compensation" is defined in the law as the difference between the value of payments made by a carrier of a health plan to its pharmacy benefits manager and the value of payments made by the pharmacy benefits manager to dispensing pharmacists for the provision of prescription drugs or pharmacy services with regard to pharmacy benefits covered by the health plan.

12. It clarifies that the definition of "carrier" does not include a multiple-employer welfare arrangement if the multiple-employer welfare arrangement contracts with a 3rd-party administrator to manage and administer health benefits, including benefits for prescription drugs.

The provisions in Public Law 2019, chapter 469 take effect January 1, 2020.

**LD 1582      An Act Relating to Surgical Technologists and the Practice of Surgical Technology      ONTP**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
NADEAU C VITELLI E	ONTP	

Surgical technologists are individuals with specialized education who function as members of a surgical team by providing support during every phase of a surgical case. This bill requires health care facilities to employ or contract with only certified surgical technologists for this function. A surgical technologist who is not certified, but who is practicing surgical technology on the effective date of this legislation, may continue in that employment after the effective date. After the effective date, a health care facility may hire a noncertified surgical technologist who is a recent graduate, but the individual is required to obtain certification within 6 months of graduation in order to remain employed. Further, a critical access hospital may employ a noncertified surgical technologist if that facility is unable to recruit certified personnel and maintains a record detailing its recruitment efforts. All employed surgical technologists, regardless of certification status, must meet stated continuing education requirements. Nothing in the bill prohibits a licensed practitioner from performing surgical technology duties that fall within the scope of that person's license.

**LD 1591      An Act To Provide Access to Health Care for Maine Citizens      CARRIED OVER**

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

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

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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.

This bill was carried over to any special or regular session, or both, of the 129th Legislature by joint order, H.P. 1322.

**LD 1599 An Act To Allow Certain State Regulators To Lower Fees by Order**

**Accepted Majority (ONTP) Report**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
KESCHL D HAMPER J	ONTP OTP-AM	

This bill authorizes the Superintendent of Insurance, the Superintendent of Consumer Credit Protection, the Superintendent of Financial Institutions and the Director of the Office of Professional and Occupational Regulation to lower or suspend certain fees specified in law by order.

**Committee Amendment "A" (H-371)**

This amendment, which is the minority report of the committee, incorporates a fiscal note.

This amendment was not adopted.

**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 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.

This bill was carried over to any special or regular session, or both, of the 129th Legislature by joint order, H.P. 1322.

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

**CARRIED OVER**

Sponsor(s)

GIDEON S

Committee Report

Amendments Adopted

This bill is a concept draft pursuant to Joint Rule 208. This bill proposes to enact measures designed to support the health and economic security of women in the State.

This bill was carried over to any special or regular session, or both, of the 129th Legislature by joint order, H.P. 1322.

**LD 1615 An Act To Enact the Peer-to-peer Car Sharing Insurance Act**

**PUBLIC 367**

Sponsor(s)

STANLEY S

Committee Report

OTP-AM  
ONTP

Amendments Adopted

H-540  
S-278 SANBORN H

This bill modernizes state law to regulate private vehicle rentals.

Part A requires private vehicle rentals to comply with the same laws that apply to rental vehicles, rental vehicle transactions and rental vehicle companies. Part A also allows rental vehicle companies to comply with certain notice and record-keeping requirements electronically or through a master agreement.

Part B of the bill establishes insurance requirements for private vehicle rentals.

**Committee Amendment "A" (H-540)**

This amendment is the majority report of the committee. This amendment replaces the bill. The amendment removes the provisions of Part A of the bill, which require private vehicle rentals to comply with the same laws that apply to rental vehicles, rental vehicle transactions and rental vehicle companies.

The amendment replaces the provision relating to insurance requirements for private vehicle rentals, using different terminology to describe the practice as peer-to-peer car sharing and establishing insurance requirements for peer-to-peer car sharing programs. The amendment also sets forth parameters for liability when a loss or injury occurs during a car sharing period or while a motor vehicle is under the control of a peer-to-peer car sharing program.

**Senate Amendment "B" To Committee Amendment "A" (S-278)**

This amendment clarifies the requirement for a peer-to-peer car sharing program provider to procure liability insurance coverage and specifies that the requirement for a peer-to-peer car sharing program provider to procure property and casualty coverage begins June 1, 2020. The amendment also replaces the requirement that property and casualty insurance coverage for physical loss to a shared vehicle be provided to the same extent that coverage for physical loss is provided under a shared vehicle owner's policy with a requirement that coverage be provided in an amount not less than the replacement cost of a shared vehicle.

**Enacted Law Summary**

Public Law 2019, chapter 367 establishes insurance requirements for peer-to-peer car sharing programs. The law

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also sets forth parameters for liability when a loss or injury occurs during a car sharing period or while a motor vehicle is under the control of a peer-to-peer car sharing program.

**LD 1617 An Act To Create a Single-payer Health Care Program in Maine**

**CARRIED OVER**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
SYLVESTER M BELLOWS S		

This bill establishes a single-payer health care program in the State that provides health care services for Maine residents. The bill directs the Department of Health and Human Services to consult with the Department of Labor and the Department of Professional and Financial Regulation, Bureau of Insurance to develop the program. The bill requires the State to implement the program in three phases, based on income, beginning in 2022 for those residents not eligible for the MaineCare program. The bill also creates the Single-payer Implementation Task Force to advise the departments and make recommendations to fully implement the single-payer health care program. The program may not be implemented in 2022 without prior legislative approval.

This bill was carried over to any special or regular session, or both, of the 129th Legislature by joint order, H.P. 1322.

**LD 1648 An Act To Improve Access to Experienced Primary Care Providers in Maine**

**ONTP**

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

This bill is a concept draft pursuant to Joint Rule 208. This bill proposes to amend the laws regarding the supervision and duties of licensed physician assistants.

See related bill, LD 1660.

**LD 1650 An Act To Strengthen Consumer Protections in Health Care**

**CARRIED OVER**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
TIPPING R SANBORN L		

This bill makes changes to the rating provisions for individual and small group health insurance plans to reduce the rating band for age and to require that the ratio on the basis of geographic area is 1.5 to 1 and that the ratio for age 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 was carried over to any special or regular session, or both, of the 129th Legislature by joint order, H.P. 1322.

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**LD 1660 An Act To Improve Access to Physician Assistant Care**

**CARRIED OVER**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
SANBORN L STEWART T		

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.

This bill was carried over to any special or regular session, or both, of the 129th Legislature by joint order, H.P. 1322.

**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 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.





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compliance of health insurance carriers doing business in this State with federal and state mental health parity laws. The Superintendent of Insurance is required to either authorize a market conduct examination or use a survey tool to assess compliance and to report back to the Joint Standing Committee on Health Coverage, Insurance and Financial Services no later than January 30, 2020. The committee is authorized to report out legislation to the Second Regular Session of the 129th Legislature based on the results.

### **Enacted Law Summary**

Resolve 2019, chapter 72 requires the Superintendent of Insurance to determine the compliance of health insurance carriers doing business in this State with federal and state mental health parity laws. The Superintendent of Insurance is required to either authorize a market conduct examination or use a survey tool to assess compliance and to report back to the Joint Standing Committee on Health Coverage, Insurance and Financial Services no later than January 30, 2020. The committee is authorized to report out legislation to the Second Regular Session of the 129th Legislature based on the results.

### **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

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 reported out of committee and then carried over to any special or regular session, or both, on the Special Appropriations Table by joint order, H.P. 1322.

### **LD 1712      An Act To Amend and Clarify the Maine Uniform Securities Act and To Make a Technical Correction in the Law Concerning Financial Planners      PUBLIC 252**

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

Part A corrects a late fee provision that is currently applied to certain securities filings that are made between 16 and 30 days after the first sale of the securities in the State. This Part applies the late fee to any applicable filing made 16 or more days after the first sale of the securities in the State.

Part B makes a technical correction by repealing a statute enacted in 1985 governing financial planners.

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**Enacted Law Summary**

Public Law 2019, chapter 252 corrects a late fee provision that is currently applied to certain securities filings that are made between 16 and 30 days after the first sale of the securities in the State. The law applies the late fee to any applicable filing made 16 or more days after the first sale of the securities in the State.

Public Law 2019, chapter 252 also makes a technical correction by repealing a statute enacted in 1985 governing financial planners.

**LD 1716 An Act To Update the Licensing Laws for Occupational Therapy Practice**

**PUBLIC 287**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MASTRACCIO A	OTP-AM	H-402

This bill updates language in the laws governing occupational therapy practice, including occupational therapists and occupational therapy assistants, establishes an inactive license status for licensees and repeals the continuing education requirement for licensees. The bill also repeals a residency provision for applicants and the character reference requirement for foreign-trained applicants.

**Committee Amendment "A" (H-402)**

This amendment removes the section of the bill authorizing an occupational therapy practitioner to apply for an inactive license as the licensing board already has the authority to take that action by rule under the Maine Revised Statutes, Title 10, section 8003.

**Enacted Law Summary**

Public Law 2019, chapter 287 updates language in the laws governing occupational therapy practice, including occupational therapists and occupational therapy assistants, establishes an inactive license status for licensees and repeals the continuing education requirement for licensees. The law also repeals a residency provision for applicants and the character reference requirement for foreign-trained applicants.

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

**CARRIED OVER**

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

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.

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This bill was carried over to any special or regular session, or both, of the 129th Legislature by joint order, H.P. 1322.

**LD 1764 An Act To Update the Maine Insurance Code**

**CARRIED OVER**

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

This bill is a concept draft pursuant to Joint Rule 208.

This bill proposes to amend the Maine Insurance Code to prevent denial of life insurance for persons who take preexposure prophylaxis medication to prevent HIV infection.

This bill was carried over to any special or regular session, or both, of the 129th Legislature by joint order, H.P. 1322.

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

**CARRIED OVER**

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

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 Institutions has the authority, after notice to the licensee and opportunity to be heard, to suspend, revoke or deny

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renewal of a payroll processor's license.

8. It confirms the ability of the Bureau of Consumer Credit Protection to regulate transmission of digital.
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 was carried over to any special or regular session, or both, of the 129th Legislature by joint order, H.P. 1322.

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**LD 1793     An Act To Update the Laws Governing Personal Vehicle Rental Coverage**

**PUBLIC 376**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
SANBORN H	OTP-AM	S-255

This bill amends the definition of "private passenger motor vehicle" in the laws governing personal automobile insurance and rental vehicle coverage in the Maine Insurance Code. It clarifies that "private passenger motor vehicle" includes a sport utility vehicle, a pickup truck and a van, which are commonly rented vehicles.

**Committee Amendment "A" (S-255)**

This amendment requires the Superintendent of Insurance to adopt rules, including rules to further define the term "private passenger motor vehicle."

**Enacted Law Summary**

Public Law 2019, chapter 376 amends the definition of "private passenger motor vehicle" in the laws governing personal automobile insurance and rental vehicle coverage in the Maine Insurance Code. It clarifies that "private passenger motor vehicle" includes a sport utility vehicle, a pickup truck and a van, which are commonly rented vehicles and requires the Superintendent of Insurance to adopt rules, including rules to further define the term "private passenger motor vehicle."

**LD 1829     An Act Regarding Insurance Licensees**

**PUBLIC 382**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
FOLEY R	OTP-AM	S-264

This bill provides a fee of \$150 for surplus lines authority. It authorizes the Superintendent of Insurance to cancel the Maine license or authority of a nonresident insurance licensee subject to the Maine Revised Statutes, Title 24-A, chapter 16. Such a cancellation applies to a nonresident licensee only in the event that the licensee's license authority in the licensee's home state is no longer active and the Maine license has been granted on a reciprocal basis. It removes language that prohibits an adjuster seeking to provide adjusting services to an insured for a fee to be paid by the insured from soliciting an adjustment services contract to any person for at least 36 hours after an accident or occurrence as a result of which the person might have a potential claim.

**Committee Amendment "A" (S-264)**

This amendment adds a provision authorizing the Joint Standing Committee on Health Coverage, Insurance and Financial Services to report out a bill to the Second Regular Session of the 129th Legislature relating to the law governing the activities of licensed insurance adjusters.

**Enacted Law Summary**

Public Law 2019, chapter 382 provides a fee of \$150 for surplus lines authority. It authorizes the Superintendent of Insurance to cancel the Maine license or authority of a nonresident insurance licensee subject to the Maine Revised Statutes, Title 24-A, chapter 16. Such a cancellation applies to a nonresident licensee only in the event that the licensee's license authority in the licensee's home state is no longer active and the Maine license has been granted on a reciprocal basis. It removes language that prohibits an adjuster seeking to provide adjusting services to an insured for a fee to be paid by the insured from soliciting an adjustment services contract to any person for at least 36 hours

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

after an accident or occurrence as a result of which the person might have a potential claim.

Public Law 2019, chapter 382 also authorizes the Joint Standing Committee on Health Coverage, Insurance and Financial Services to report out a bill to the Second Regular Session of the 129th Legislature relating to the law governing the activities of licensed insurance adjusters.

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

**SUBJECT INDEX**

**Banking and Credit Unions**

**Enacted**

<b>LD 242</b>	<b>An Act To Amend the Laws Governing Multiple-party Accounts with Financial Institutions</b>	<b>PUBLIC 1 EMERGENCY</b>
<b>LD 1272</b>	<b>An Act To Increase Access to Low-cost Prescription Drugs</b>	<b>PUBLIC 472</b>

**Not Enacted**

<b>LD 1402</b>	<b>An Act To Allow State-chartered Credit Unions To Service Medical and Adult Use Marijuana Business Accounts</b>	<b>ONTP</b>
<b>LD 1472</b>	<b>An Act To Create a Commission To Establish a State Bank</b>	<b>ONTP</b>

**Consumer Credit**

**Enacted**

<b>LD 110</b>	<b>An Act Regarding Credit Ratings Related to Overdue Medical Expenses</b>	<b>PUBLIC 77</b>
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**Not Enacted**

<b>LD 1767</b>	<b>An Act To Increase the Efficiency of Certain Consumer Credit Protection Laws</b>	<b>CARRIED OVER</b>
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**Health Information and Data**

**Enacted**

<b>LD 100</b>	<b>Resolve, Regarding Legislative Review of Portions of Chapter 270: Uniform Reporting System for Quality Data Sets, a Major Substantive Rule of the Maine Health Data Organization</b>	<b>RESOLVE 9 EMERGENCY</b>
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**LD 1353      An Act To Establish Transparency in Primary Health Care Spending      PUBLIC 244**

**Not Enacted**

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

**Insurance, Health**

**Not Enacted**

**LD 1      An Act To Protect Health Care Coverage for Maine Families      PUBLIC 5  
EMERGENCY**

**LD 38      An Act To Require Insurance Coverage for Hearing Aids for Adults      PUBLIC 418**

**LD 249      An Act To Ensure Protection of Patients in Medical Reviews by Health Insurance Carriers      PUBLIC 171**

**LD 291      An Act Regarding Responsibility for the Duplicative or Incorrect Payment of Health Insurance Claims      PUBLIC 30**

**LD 368      An Act To Redefine Geographic Association for Multiple-employer Welfare Arrangements      PUBLIC 96**

**LD 555      An Act To Reduce Colorectal Cancer Incidence and Mortality by Updating Screening Coverage      PPUBLIC 86**

**LD 705      An Act Regarding the Process for Obtaining Prior Authorization for Health Insurance Purposes      PUBLIC 273**

**LD 820      An Act To Prevent Discrimination in Public and Private Insurance Coverage for Pregnant Women in Maine      PUBLIC 274**

**LD 1009      An Act To Provide Protections for Maine Patients Facing Step Therapy      PUBLIC 295**

**LD 1155      An Act To Protect Patients and the Prudent Layperson Standard      PUBLIC 238**

**LD 1197      An Act To Amend the Law Prohibiting the Denial by Health Insurers of Referrals by Out-of-network Providers      PUBLIC 178**

**LD 1260      An Act Regarding Short-term, Limited-duration Health Plans      PUBLIC 330**

**LD 1263      An Act Regarding Telehealth      PUBLIC 289**



<b>LD 1274</b>	<b>An Act To Enact the Health Insurance Consumer Assistance Program</b>	<b>PUBLIC 522</b>
<b>LD 1694</b>	<b>Resolve, To Determine Compliance with Federal and State Mental Health Parity Laws</b>	<b>RESOLVE 72</b>
 <b><u>Not Enacted</u></b>		
<b>LD 51</b>	<b>An Act To Implement the Recommendations of the Task Force on Health Care Coverage for All of Maine</b>	<b>CARRIED OVER</b>
<b>LD 52</b>	<b>An Act To Provide an Affordable and Accessible Health Care System for all Residents of Maine</b>	<b>ONTP</b>
<b>LD 109</b>	<b>An Act To Create a Public Health Insurance Option</b>	<b>ONTP</b>
<b>LD 132</b>	<b>An Act To Eliminate Insurance Rating Based on Age, Geographic Location or Smoking History and To Reduce Rate Variability Due to Group Size</b>	<b>ONTP</b>
<b>LD 367</b>	<b>An Act To Amend the Definition of “Insurer” under the Maine Guaranteed Access Reinsurance Association Act</b>	<b>Leave to Withdraw Pursuant to Joint Order 310</b>
<b>LD 407</b>	<b>An Act To Promote Universal Health Care, Including Dental, Vision and Hearing Care</b>	<b>ONTP</b>
<b>LD 437</b>	<b>An Act To Improve Access to and Affordability of Health Care in Maine</b>	<b>ONTP</b>
<b>LD 519</b>	<b>An Act To Expand Adult Dental Health Insurance Coverage</b>	<b>CARRIED OVER</b>
<b>LD 598</b>	<b>An Act Regulating Employee Benefit Excess Insurance</b>	<b>CARRIED OVER</b>
<b>LD 815</b>	<b>An Act To Regulate the Issuance of Short-term, Limited-duration Health Insurance Policies in the State</b>	<b>ONTP</b>
<b>LD 942</b>	<b>An Act To Require Reimbursement for Medical Marijuana</b>	<b>ONTP</b>
<b>LD 1082</b>	<b>An Act To Provide for Alternative Pain Treatment before Treatment with Opioids</b>	<b>ONTP</b>
<b>LD 1085</b>	<b>An Act To Ensure That Maine Residents Have Adequate and Affordable Access to Health Care</b>	<b>CARRIED OVER</b>

LD 1183	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	CARRIED OVER
LD 1243	An Act To Assist Small Businesses in Providing Health Care for Their Employees	ONTP
LD 1264	An Act Relating to Insurance Coverage for Screening Mammograms	ONTP
LD 1281	Resolve, To Create a Committee To Explore Regional Cooperation for Affordable Health Insurance	ONTP
LD 1591	An Act To Provide Access to HealthCare for Maine Citizens	CARRIED OVER
LD 1611	An Act To Support Universal Health Care	CARRIED OVER
LD 1613	An Act Regarding Women’s Health and Economic Security	CARRIED OVER
LD 1617	An Act To Create a Single-payer Health Care Program in Maine	CARRIED OVER
LD 1650	An Act To Strengthen Consumer Protections in Health Care	CARRIED OVER
LD 1755	An Act To Move Maine Toward Affordable Health Care for Everyone	CARRIED OVER

**Insurance, Motor Vehicle**

**Enacted**

LD 530	An Act To Protect Medical Payments Coverage for Consumers	PUBLIC 182
LD 1615	An Act To Enact the Peer-to-peer Car Sharing Insurance Act	PUBLIC 367
LD 1793	An Act To Update the Laws Governing Personal Vehicle Rental Coverage	PUBLIC 376

**Not Enacted**

LD 2	An Act To Increase from \$25,000 to \$50,000 the Minimum Amount Motor Vehicle Liability Insurance Policies Must Cover for Damage of Property	ONTP
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LD 842 An Act Relating to Insurance Companies and Totaled Motor Vehicles ONTP

**Insurance, Regulation and Practices**

**Enacted**

LD 5 An Act To Require Notification of Proposed Rate Increases for Long-term Care Policies PUBLIC 25

LD 260 An Act To Permit Disability Insurance To Be Offered through the Surplus Lines Market PUBLIC 20  
EMERGENCY

LD 1014 An Act To Prohibit Consideration of Naloxone Purchases in Life Insurance Underwriting PUBLIC 203

LD 1089 An Act To Ban Discretionary Clauses in Disability Income Insurance Policies PUBLIC 179

LD 1314 An Act To Extend Protections for Genetic Information PUBLIC 208

LD 1829 An Act Regarding Insurance Licenses PUBLIC 382

**Not Enacted**

LD 189 An Act To Amend the Laws Governing Long-term Care Insurance ONTP

LD 616 An Act To Create Uniform Practices for Medicare Beneficiaries in Small Group Plans ONTP

LD 1764 An Act To Update the Maine Insurance Code CARRIED OVER

**Miscellaneous**

**Enacted**

LD 1025 An Act To Prohibit the Provision of Conversion Therapy to Minors by Certain Licensed Professionals PULBIC 165

**Not Enacted**

LD 66 An Act To Prohibit Hospitals from Discussing Alternative Payment Options with Hospitalized Patients ONTP

<b>LD 477</b>	<b>An Act To Provide Relief to Federal Employees Affected by a Federal Shutdown</b>	<b>CARRIED OVER</b>
<b>LD 594</b>	<b>An Act To Promote Individual Savings Accounts through a Public-Private Partnership</b>	<b>CARRIED OVER</b>
<b>LD 1296</b>	<b>An Act To Clarify the Scope of Practice of Certain Licensed Professionals Regarding Conversion Therapy</b>	<b>Died on Adjournment</b>
<b>LD 1361</b>	<b>An Act Regarding Health Care Providers and Patient Trust</b>	<b>Leave to Withdraw Pursuant to Joint Rule 310</b>
<b>LD 1599</b>	<b>An Act To Allow Certain State Regulators To Lower Fees by Order</b>	<b>Majority (ONTP) Report</b>

**Occupational and Professional Regulation, Health Professions**

**Enacted**

<b>LD 228</b>	<b>An Act To Clarify the Licensing of Certified Clinical Supervisors</b>	<b>PUBLIC 83</b>
<b>LD 364</b>	<b>An Act To Establish the Right To Practice Complementary and Alternative Health Care Act</b>	<b>PUBLIC 265</b>
<b>LD 688</b>	<b>An Act To Set Maine Dental Provider Licensing Fees</b>	<b>PUBLIC 92</b>
<b>LD 849</b>	<b>An Act To Allow Chiropractic Internships</b>	<b>PUBLIC 187</b>
<b>LD 1105</b>	<b>An Act To Allow Acupuncture Detoxification Specialists To Administer an Auricular Acupuncture Treatment for Substance Use and Co-occurring Disorders</b>	<b>PUBLIC 269</b>
<b>LD 1261</b>	<b>An Act To Authorize Certain Health Care Professionals to Perform Abortions</b>	<b>PUBLIC 262</b>
<b>LD 1441</b>	<b>An Act To Align the Laws Governing Dental Therapy with Standards Established by the American Dental Association Commission on Dental Accreditation</b>	<b>PUBLIC 388</b>
<b>LD 1716</b>	<b>An Act To Update the Licensing Laws for Occupational Therapy Practice</b>	<b>PUBLIC 287</b>

**Not Enacted**

<b>LD 267</b>	<b>An Act To Amend the Laws Governing the Practice of Pharmacy</b>	<b>Died Between Houses</b>
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<b>LD 320</b>	<b>An Act To Amend the Scope of Practice of Podiatric Medicine</b>	<b>Majority (ONTP) Report</b>
<b>LD 330</b>	<b>An Act To Define Licensed Massage Therapists as Health Care Practitioners</b>	<b>ONTP</b>
<b>LD 429</b>	<b>An Act To Improve the Ability of Mental Health Professionals To Assess the Risk of Suicide</b>	<b>ONTP</b>
<b>LD 558</b>	<b>An Act To Amend the Continuing Education Requirements for Prescribers of Opioid Medication</b>	<b>ONTP</b>
<b>LD 884</b>	<b>An Act To Repeal the Board of Licensing of Dietetic Practice</b>	<b>ONTP</b>
<b>LD 899</b>	<b>An Act To Increase Access to Health Care by Attracting Qualified Physicians to Maine</b>	<b>ONTP</b>
<b>LD 943</b>	<b>An Act To Allow Laser Spine Surgery in the State</b>	<b>ONTP</b>
<b>LD 1072</b>	<b>An Act To Promote Workforce Education on Alzheimer's Disease and Dementia</b>	<b>ONTP</b>
<b>LD 1236</b>	<b>An Act To Clarify the Laws Governing the Licensing of Paramedics</b>	<b>ONTP</b>
<b>LD 1303</b>	<b>An Act To Establish the State Board of Dental Hygiene</b>	<b>Leave to Withdraw Pursuant to Joint Rule 310</b>
<b>LD 1349</b>	<b>An Act To Create a Licensing Board and Licensure Requirements for Intentional Peer Support Specialists</b>	<b>ONTP</b>
<b>LD 1384</b>	<b>An Act Relating to Complementary and Alternative Medicine Licensure</b>	<b>ONTP</b>
<b>LD 1406</b>	<b>An Act To Require Certification of Radiologic Technologists Who Are Licensed Chiropractic Assistants</b>	<b>ONTP</b>
<b>LD 1434</b>	<b>An Act To Allow Certified Registered Nurse Anesthetists To Bill for Their Services</b>	<b>CARRIED OVER</b>
<b>LD 1582</b>	<b>An Act Relating to Surgical Technologists and the Practice of Surgical Technology</b>	<b>ONTP</b>
<b>LD 1648</b>	<b>An Act To Improve Access to Experienced Primary Care Providers in Maine</b>	<b>ONTP</b>
<b>LD 1660</b>	<b>An Act To Improve Access to Physician Assistant Care</b>	<b>CARRIED OVER</b>

**LD 1666**     **An Act To Require Certain Health Care Providers To Provide Patients Detailed Information on the Risks Associated with the Use of Opioid Medications and Schedule II Drug**     **ONTP**

**Prescription Drugs**

**Enacted**

**LD 659**     **An Act Regarding the Use of Interchangeable Biological Products**     **PUBLIC 34**

**LD 1162**     **An Act To Further Expand Drug Price Transparency**     **PUBLIC 470**

**LD 1499**     **An Act To Establish the Maine Prescription Drug Affordability Board**     **PUBLIC 471**

**LD 1504**     **An Act To Protect Consumers from Unfair Practices Related to Pharmacy Benefits Management**     **PUBLIC 469**

**Not Enacted**

**LD 641**     **An Act To Save Lives through Epinephrine Autoinjector Accessibility**     **ONTP**

**LD 1387**     **An Act To Increase Access to Safe and Affordable Prescription Drugs**     **CARRIED OVER**

**LD 1389**     **An Act To Address Transparency, Accountability and Oversight of Pharmacy Benefit Managers**     **ONTP**

**LD 1409**     **An Act To Improve Price Transparency of Prescription Drugs Sold in Maine**     **ONTP**

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

**LD 1673**     **An Act To Prohibit Prescription Drug Advertising**     **CARRIED OVER**

**Securities**

**Enacted**

**LD 566**     **An Act To Protect Vulnerable Adults from Financial Exploitation**     **PUBLIC 17**

**LD 1712**     **An Act To Amend and Clarify the Maine Uniform Securities Act and To Make a Technical Correction in the Law Concerning Financial Planners**     **PUBLIC 252**

**Not Enacted**

**LD 366      An Act To Protect Elderly Persons from Financial Abuse      CARRIED OVER**

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

***State Employees, Office of Employee Health and Benefits***

**Enacted**

**LD 376      An Act To Expand Health Insurance Options for Town Academies      PUBLIC 424**

***Student Loans***

**Enacted**

**LD 995      An Act To Establish a Student Loan Bill of Rights To License and Regulate      PUBLIC 431  
Student Loan Servicers**