

# MAINE STATE LEGISLATURE

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SAZ  
ROFS

L.D. 1100

Date: 5/27/25

(Filing No. S- 166)

**HEALTH COVERAGE, INSURANCE AND FINANCIAL SERVICES**

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**STATE OF MAINE**

**SENATE**

**132ND LEGISLATURE**

**FIRST SPECIAL SESSION**

COMMITTEE AMENDMENT "A" to S.P. 460, L.D. 1100, "An Act to Clarify the Requirements for Accessing Nonformulary Drugs and Drugs Used to Treat Serious Mental Illness"

Amend the bill in section 1 in subsection 2-C in the 6th line (page 1, line 9 in L.D.) by inserting after the following: "unavailable" the following: 'and there is no equivalent formulary drug available'

Amend the bill in section 1 in subsection 2-C in the 7th line (page 1, line 10 in L.D.) by striking out the following: "drug for" and inserting the following: 'drug prescribed to assess and treat the enrollee's serious mental illness for'

Amend the bill in section 1 in subsection 2-C in the 7th line (page 1, line 10 in L.D.) by striking out the following: "that the" and inserting the following: 'that a'

Amend the bill by relettering or renumbering any nonconsecutive Part letter or section number to read consecutively.

**SUMMARY**

This amendment clarifies that a carrier must approve a prior authorization for an equivalent nonformulary drug that has been prescribed for the treatment of an enrollee's serious mental illness if there is a shortage of the formulary drug and there is no equivalent drug available on the carrier's formulary.

**FISCAL NOTE REQUIRED**

(See attached)

**COMMITTEE AMENDMENT**



# 132nd MAINE LEGISLATURE

**LD 1100**

**LR 629(02)**

## **An Act to Clarify the Requirements for Accessing Nonformulary Drugs and Drugs Used to Treat Serious Mental Illness**

**Fiscal Note for Bill as Amended by Committee Amendment "A" (S-1666)**  
**Committee: Health Coverage, Insurance and Financial Services**  
**Fiscal Note Required: Yes**

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### **Fiscal Note**

Potential current biennium cost increase - All Funds

#### **Fiscal Detail and Notes**

This bill clarifies requirements for accessing nonformulary drugs related to treating serious mental illness and eliminates a requirement that an enrollee in a health plan gain access to a clinically appropriate drug not otherwise covered by the health plan. The bill also clarifies that a carrier must approve a prior authorization for an equivalent nonformulary drug in the instance of a shortage of the formulary drug with no formulary equivalent. This will potentially increase costs to the State Employee Health Plan. A more precise estimate of the fiscal impact cannot be determined because it is not possible to predict hypothetical drug shortages, the number of impacted plan members, and subsequent costs.