

MAINE STATE LEGISLATURE

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132nd MAINE LEGISLATURE

FIRST SPECIAL SESSION-2025

Legislative Document

No. 1496

H.P. 980

House of Representatives, April 8, 2025

**An Act to Ensure Ongoing Access to Medications and Care for
Chronic Conditions and Conditions Requiring Long-term Care by
Changing Requirements for Prior Authorizations**

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

A handwritten signature in black ink, reading "R B. Hunt".

ROBERT B. HUNT
Clerk

Presented by Representative ZAGER of Portland.
Cosponsored by Senator BENNETT of Oxford and
Representatives: DUCHARME of Madison, MASTRACCIO of Sanford, Senators: BAILEY of
York, BRENNER of Cumberland, FARRIN of Somerset.

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

2 Sec. 1. 24-A MRSA §4304-B is enacted to read:

3 **§4304-B. Prior authorization for treatment of chronic conditions and conditions**
4 **requiring long-term care**

5 **1. Length of prior authorization for treatment for chronic conditions and**
6 **conditions requiring long-term care.** If a utilization review entity requires a prior
7 authorization for health care services for the treatment of a chronic condition or a condition
8 requiring long-term care, the approved prior authorization remains valid for the duration of
9 the treatment or for one year, whichever is longer. If health care services for the treatment
10 of a chronic condition or a condition requiring long-term care are necessary for more than
11 one year, a utilization review entity may not require the renewal of the prior authorization
12 more frequently than once every 5 years. The prior authorization approval is valid from the
13 date the enrollee receives the notice of the approval. If an enrollee has received prior
14 authorization for health care services for the treatment of a chronic condition or a condition
15 requiring long-term care, the carrier shall honor the prior authorization until the prior
16 authorization expires as long as the enrollee continues to be covered under the same health
17 plan.

18 **2. Coverage restriction prohibition; notice.** A health plan may not restrict coverage
19 for a health care service under this section, including a prescription, that received prior
20 authorization approval under a previous health plan within 90 days of enrollment in the
21 new health plan by an enrollee who is stable on that health care service, as determined by
22 a health care provider. The health plan must provide the enrollee with at least 90 days'
23 notice prior to restricting coverage pursuant to this subsection.

24 Sec. 2. 24-A MRSA §4311, sub-§1-A, ¶A, as amended by PL 2019, c. 273, §3, is
25 further amended to read:

26 A. The carrier must determine whether it will cover the drug requested and notify the
27 enrollee, the enrollee's designee, if applicable, and the person who has issued the valid
28 prescription for the enrollee of its coverage decision within 72 hours or 2 business days,
29 whichever is less, following receipt of the request. A carrier that grants coverage under
30 this paragraph must provide coverage of the drug for the duration of the prescription,
31 including refills. A prior authorization for a prescription is valid for the duration of the
32 prescription, including refills, or one year, whichever is longer. A health plan may not
33 require the renewal of a prior authorization more frequently than once every 5 years
34 for a prescription that continues for more than one year. The prior authorization
35 approval is valid from the date the enrollee receives notice of the approval and remains
36 valid for a prescription drug prescribed by a provider regardless of a change in dosage.
37 A utilization review entity may rescind the prior authorization approval for prescription
38 drug doses that exceed limitations set by federal or state law, regulation or rule.

39 Sec. 3. 24-A MRSA §4311, sub-§1-B is enacted to read:

40 **1-B. Prescription coverage restriction prohibition; notice.** A health plan may not
41 restrict coverage for a prescription that received prior authorization approval under a
42 previous health plan within 90 days of enrollment in the new health plan by an enrollee
43 who is stable on that health care service, as determined by a health care provider. The health

1 plan must provide the enrollee with at least 90 days' notice prior to restricting coverage
2 pursuant to this subsection.

3 **SUMMARY**

4 This bill requires that a prior authorization for health care services remain valid for the
5 duration of the treatment or one year, whichever is longer. It prohibits a health care plan
6 from requiring the renewal of a prior authorization more frequently than once every 5 years
7 for treatment that is necessary for more than one year. It also prohibits a health care plan
8 from restricting coverage for a health care service or a prescription that was approved under
9 a previous health care plan within 90 days of enrollment in the new health care plan and
10 requires a health care plan to provide at least 90 days' notice to an enrollee prior to
11 restricting coverage of a previously approved health care service.