

MAINE STATE LEGISLATURE

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STATE OF MAINE
129TH 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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LEGISLATIVE DIGEST OF BILL SUMMARIES AND ENACTED LAWS

This *Legislative Digest of Bill Summaries and Enacted Laws* contains summaries of all LDs and adopted amendments and all laws enacted or finally passed during the First Regular Session of the 129th Maine Legislature.

The *Digest* is arranged alphabetically by committee and within each committee by Legislative Document (LD) number. The committee report(s), prime sponsor and lead co-sponsor(s), if designated, are listed below each LD title. All adopted amendments are summarized and listed by paper number. A subject index is included with each committee. An appendix provides a summary of relevant session statistics.

Final action on each LD is noted to the right of the LD title. The following describes the various final actions.

CARRIED OVER..... carried over to a subsequent session of the Legislature
CON RES XXX..... chapter # of constitutional resolution passed by both houses
CONF CMTE UNABLE TO AGREE..... Committee of Conference unable to agree; legislation died
DIED BETWEEN HOUSES..... House & Senate disagreed; legislation died
DIED IN CONCURRENCE..... defeated in each house, but on different motions; legislation died
DIED ON ADJOURNMENT..... action incomplete when session ended; legislation died
EMERGENCY..... enacted law takes effect sooner than 90 days after session adjournment
FAILED, EMERGENCY ENACTMENT or FINAL PASSAGE..... emergency failed to receive required 2/3 vote
FAILED, ENACTMENT or FINAL PASSAGE..... failed to receive final majority vote
FAILED, MANDATE ENACTMENT..... legislation proposing local mandate failed required 2/3 vote
HELD BY GOVERNOR..... Governor has not signed; final disposition to be determined at subsequent session
LEAVE TO WITHDRAW..... sponsor's request to withdraw legislation granted
NOT PROPERLY BEFORE THE BODY..... ruled out of order by the presiding officer; legislation died
INDEF PP..... indefinitely postponed; legislation died
ONTP, ACCEPTED, MAJORITY, MINORITY or REPORT X... ought-not-to-pass report accepted; legislation died
P&S XXX..... chapter # of enacted private & special law
PUBLIC XXX..... chapter # of enacted public law
RESOLVE XXX..... chapter # of finally passed resolve
VETO SUSTAINED..... Legislature failed to override Governor's veto

The effective date for non-emergency legislation enacted in the First Regular Session of the 129th Legislature is Thursday, September 19, 2019. The effective date for legislation enacted as an emergency measure may be found in the enacted law summary for that legislation.

Joint Standing Committee on Health Coverage, Insurance and Financial Services

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	

Joint Standing Committee on Health Coverage, Insurance and Financial Services

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