

MAINE STATE LEGISLATURE

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STATE OF MAINE
132ND LEGISLATURE
SECOND REGULAR SESSION



Disposition of bills and summaries of all laws enacted or finally passed

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

May 2026

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3. It changes the scope of the duties of the board from determining prescription drug spending targets to focusing on an assessment of strategies to reduce prescription drug costs, reduce the rate of growth in prescription drug spending and reduce cost barriers for consumers.
4. It requires the board to review how states with authority to establish upper payment limits have implemented that authority and their regulation of pharmacy benefits managers, to recommend whether the board should have comparable authority and to assess implementing reference-based pricing for the first 10 prescription drugs for which the Medicare program has negotiated maximum fair prices through the Medicare drug price negotiation program.
5. It requires the board to recommend annual spending targets for prescription drugs for public payors and implementing complementary purchasing strategies; annual spending targets and strategies for the commercial insurance market; transparency requirements and supply chain regulation; strategies to reduce out-of-pocket costs through insurance regulation; and aligning prescription drug payment with acquisition costs.
6. When conducting its work, it requires the board to use prescription drug spending data from the Maine Health Data Organization and publicly available data available for purchase or for free and, if there is additional prescription drug spending data required by the board and its staff, the law authorizes the board to recommend that the Maine Health Data Organization collect this data by rule. It also makes a related change to the provisions governing the Maine Health Data Organization to clarify that the Maine Health Data Organization may share data with board staff.
7. It establishes and provides funding for one position to support the Maine Prescription Drug Affordability Board with strategic direction, government and stakeholder relations, research, writing and administrative work.

The law also directs the board to recommend a program to reduce the impact of prescription drug costs on the State's health care system, stem the rate of growth in prescription drug spending and reduce cost barriers for consumers based on data the board has collected. The board is directed to submit a preliminary report by January 30, 2026 and a final report by October 1, 2027. The joint standing committee having jurisdiction over health coverage, insurance and financial services matters is authorized to report out legislation based on either report.

Public Law 2025, chapter 530 was finally enacted in both the House and the Senate prior to the adjournment sine die of the First Special Session in 2025 but was not signed by the Governor. Pursuant to the Constitution of Maine, Public Law 2025, chapter 530 became law without the Governor's signature on January 11, 2026.

LD 784 An Act to Create a Rebuttable Presumption Related to Specialized Risk Screening for First Responders

Public Law 2025, chapter 531 establishes a rebuttable presumption in a cause of action that a health insurance carrier has failed to exercise ordinary care when making a health care treatment decision

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to deny coverage under a health plan for covered specialized risk screening for an enrollee who is a first responder and whose provider has determined the enrollee's receipt of specialized risk screening is medically appropriate and has meaningful potential for preventive clinical benefit to the enrollee. The law also clarifies that the rebuttable presumption applies if an enrollee files a wrongful death action instead of an action under the Maine Revised Statutes, Title 24-A, section 4313.

Public Law 2025, chapter 531 was finally enacted in both the House and the Senate prior to the adjournment sine die of the First Special Session in 2025 but was not signed by the Governor. Pursuant to the Constitution of Maine, Public Law 2025, chapter 530 became law without the Governor's signature on January 11, 2026.

LD 961 An Act to Address Maine's Health Care Workforce Shortage and Improve Access to Care

Public Law 2025, chapter 540 provides that, once rules are adopted by the State Board of Nursing to establish practice standards, a certified nurse practitioner who qualifies as an advanced practice registered nurse is no longer required to practice for at least 24 months under the supervision of a licensed physician or supervising nurse practitioner or be employed by a clinic or hospital that has a medical director who is a licensed physician. The law directs the board to establish practice standards by rule for a certified nurse practitioner related to the length of time a certified nurse practitioner must practice as an advanced practice registered nurse; the minimum amount of time a certified nurse practitioner must practice with a supervising nurse practitioner as a mentor; the practice setting for a certified nurse practitioner, including any requirements for employment by a clinic or hospital that has a supervising nurse practitioner within the clinic or hospital serving in a mentorship role to a certified nurse practitioner; and any other factors determined necessary by the board.

The law directs the board to submit the proposed practice standards for certified nurse practitioners to the Joint Standing Committee on Health Coverage, Insurance and Financial Services for review no later than March 15, 2026 and authorizes the committee to report out a bill to the Second Regular Session of the 132nd Legislature relating to the practice standards for certified nurse practitioners. The law prohibits the board from adopting rules relating to the practice standards for certified nurse practitioners before May 1, 2026.

Public Law 2025, chapter 540 was enacted as an emergency measure effective February 17, 2026.

LD 1502 An Act to Update the Requirements for Health Insurance Coverage of Prostate Cancer Screening

Under prior law, health insurance coverage was required for annual prostate cancer screening, if recommended by a physician, to men 50 years of age or older until attaining 72 years of age. Public Law 2025, chapter 712 updates the annual screening requirements for prostate cancer to require coverage of these services at any age, if recommended by a physician, when supported by