

MAINE STATE LEGISLATURE

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LAWS
OF THE
STATE OF MAINE

AS PASSED BY THE

ONE HUNDRED AND THIRTIETH LEGISLATURE

SECOND SPECIAL SESSION
September 29, 2021

SECOND REGULAR SESSION
January 5, 2022 to May 9, 2022

THE GENERAL EFFECTIVE DATE FOR
SECOND SPECIAL SESSION
NON-EMERGENCY LAWS IS
DECEMBER 29, 2021

THE GENERAL EFFECTIVE DATE FOR
SECOND REGULAR SESSION
NON-EMERGENCY LAWS IS
AUGUST 8, 2022

PUBLISHED BY THE REVISOR OF STATUTES
IN ACCORDANCE WITH THE MAINE REVISED STATUTES ANNOTATED,
TITLE 3, SECTION 163-A, SUBSECTION 4.

Augusta, Maine
2022

joint standing committee of the Legislature having jurisdiction over veterans affairs no later than February 15, 2023.

Sec. 12. Department of Health and Human Services to amend rules; Maine Veterans' Homes. The Department of Health and Human Services shall allocate a total supplemental payment of \$1,063,830 in fiscal year 2021-22 as described in this section. The department shall amend its rules in Chapter 101: MaineCare Benefits Manual, Chapter III, Section 67, Principles of Reimbursement for Nursing Facilities, to allocate a supplemental payment of \$2,442,200 in fiscal year 2022-23 to the Maine Veterans' Homes to offset budget shortfalls. Rules adopted pursuant to this section are routine technical rules as defined in the Maine Revised Statutes, Title 5, chapter 375, subchapter 2-A. The department, in its rulemaking, shall allocate funding in a manner that addresses Maine Veterans' Homes shortfalls on a basis proportional to the shortfall of each Maine Veterans' Homes nursing facility. As a condition of receiving the supplemental payments, the Maine Veterans' Homes must commit to continue to provide all services that were offered at the Caribou and Machias homes on October 27, 2021.

Sec. 13. Appropriations and allocations. The following appropriations and allocations are made.

**HEALTH AND HUMAN SERVICES,
DEPARTMENT OF**

Nursing Facilities 0148

Initiative: Provides one-time supplemental payments to the Department of Health and Human Services for the purpose of making supplemental payments to the Maine Veterans' Homes.

GENERAL FUND	2021-22	2022-23
All Other	\$1,000,000	\$750,000
GENERAL FUND TOTAL	\$1,000,000	\$750,000
FEDERAL EXPENDITURES FUND	2021-22	2022-23
All Other	\$0	\$1,545,668
FEDERAL EXPENDITURES FUND TOTAL	\$0	\$1,545,668
OTHER SPECIAL REVENUE FUNDS	2021-22	2022-23
All Other	\$63,830	\$146,532
OTHER SPECIAL REVENUE FUNDS TOTAL	\$63,830	\$146,532

Emergency clause. In view of the emergency cited in the preamble, this legislation takes effect when approved.

Effective March 31, 2022.

**CHAPTER 529
S.P. 417 - L.D. 1266**

**An Act To Require Dental Plan
Medical Loss Ratio Reporting
and Review**

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

Sec. 1. 24-A MRS §4319-B is enacted to read:

§4319-B. Medical loss ratio reporting for dental insurance plans

1. Definitions. As used in this section, unless the context otherwise indicates, the following terms have the following meanings.

A. "Dental plan" means a plan providing dental care services to an enrollee who is insured by a carrier. "Dental plan" does not include:

(1) A health plan with embedded dental benefits offered by a carrier;

(2) A self-funded employer group health or dental plan, including the group health plan or dental plan provided pursuant to Title 5, section 285 if that health plan or dental plan is self-funded in any given year; or

(3) A plan providing dental care services determined by the superintendent to be a non-credible plan.

B. Notwithstanding section 4301-A, subsection 5, "enrollee" means an individual who is enrolled in an individual or group dental plan.

2. Dental loss ratio defined. For purposes of this section, the dental loss ratio is the ratio of the numerator to the denominator as described in paragraphs A and B, respectively. For purposes of this subsection:

A. The numerator is the sum of:

(1) The amount expended for clinical dental services provided to enrollees as defined in rule in accordance with subsection 3;

(2) The amount expended on activities that improve dental care quality as defined in rule in accordance with subsection 4; and

(3) The amount of claims payments identified through fraud reduction efforts; and

B. The denominator is the total amount of premium revenue, excluding federal and state taxes and licensing and regulatory fees paid and after accounting for any payments pursuant to federal law.

The numerator described in paragraph A may not include administrative cost expenditures as defined in rule in accordance with subsection 5.

3. Expenditures for clinical dental services. The superintendent shall define "clinical dental services" in rule to be consistent with similar expenditures for clinical services used for reporting of medical loss ratio by carriers offering health plans in the State.

4. Activities that improve dental care quality. The superintendent shall define "activities that improve dental care quality" in rule to be consistent with similar activities related to quality that are permitted for reporting of medical loss ratio by carriers offering health plans in this State such as case management; oral health assessments; identifying and addressing ethnic, cultural or racial disparities in effectiveness of best clinical practices and evidence-based medicine; quality reporting; and health information technology.

5. Administrative cost expenditures. The superintendent shall define "administrative cost expenditures" in rule to be consistent with similar cost expenditures used for reporting of medical loss ratio by carriers offering health plans in the State such as financial administrative expenses, marketing and sales expenses, commissions, distribution expenses, claims operations expenses, utilization review expenses, network operations expenses, charitable expenses, board, bureau or association fees and payroll expenses.

6. Dental loss ratio reporting. Beginning in 2023, on or before July 31st annually, a carrier offering a dental plan in effect during the preceding calendar year shall file a report with the bureau of the carrier's dental loss ratio for the preceding calendar year organized by market segment according to guidance issued by the superintendent.

A. Within 90 days of receiving any report required under this subsection, the superintendent shall post the report on the bureau's publicly accessible website.

B. If verification of information contained in a report filed under this subsection is necessary, the carrier has 30 days to submit any information required by the superintendent.

C. For the initial report filed by a carrier on or before July 31, 2023, the carrier shall include dental loss ratio information for calendar years 2020 and 2021 in addition to information for calendar year 2022.

7. Average dental loss ratio; identifying dental plans with dental loss ratio deviating from average. The superintendent shall aggregate the dental loss ratio reports filed by each carrier pursuant to subsection 6 by market segment. The superintendent shall calculate an average dental loss ratio for each market segment using aggregate data for a 3-year period, including data for the dental loss ratio reporting year that is being reported and the data for the 2 prior dental loss ratio reporting years, and identify as outliers dental plans that fall out-

side 2 standard deviations of the average dental loss ratio. If the average dental loss ratio in a market segment declines over time, the superintendent may identify as outliers dental plans that fall outside one standard deviation of the average dental loss ratio or establish by rule a minimum average dental loss ratio for use in calculating outliers.

8. Authority for review. For those dental plans identified as outliers in accordance with subsection 7, the superintendent shall conduct a review and require the carrier of a dental plan identified as an outlier to submit additional relevant financial information as requested by the superintendent. The superintendent may require the carrier to submit a remediation plan including but not limited to measures such as rate revisions or benefit modifications. Any action taken by the superintendent pursuant to this subsection is limited to the dental plans identified as outliers.

9. Rules. The superintendent may adopt rules to implement this section, including development of a common reporting form. Rules adopted pursuant to this subsection are routine technical rules as defined in Title 5, chapter 375, subchapter 2-A.

Sec. 2. Application. The requirements of this Act apply to all individual and group dental plans, as defined in the Maine Revised Statutes, Title 24-A, section 4319-B, subsection 1, executed, delivered, issued, continued or renewed in this State on or after January 1, 2023, except for individual and group dental plans issued to a policyholder outside of this State. For purposes of this Act, all contracts are deemed to be renewed no later than the next yearly anniversary of the contract date.

See title page for effective date.

CHAPTER 530

S.P. 614 - L.D. 1754

An Act To Modify the Reporting Requirements for Major Contributors to Ballot Question Campaigns and To Make a Technical Change to the Campaign Finance Laws

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

Sec. 1. 21-A MRSA §1059, sub-§5, as amended by PL 2019, c. 323, §24, is further amended to read:

5. Electronic filing. A committee shall file each report required by this section through an electronic filing system developed by the commission. Notwithstanding any provision of this chapter to the contrary, for purposes of entering and retrieving information, the