

# MAINE STATE LEGISLATURE

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**STATE OF MAINE**  
124<sup>TH</sup> LEGISLATURE  
FIRST REGULAR SESSION



Summaries of bills, adopted amendments and laws enacted or finally passed during the First Regular Session of the 124<sup>th</sup> Maine Legislature coming from the

**JOINT STANDING COMMITTEE ON INSURANCE AND  
FINANCIAL SERVICES**

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# STATE OF MAINE

124<sup>TH</sup> LEGISLATURE  
FIRST REGULAR SESSION



## LEGISLATIVE DIGEST OF BILL SUMMARIES AND ENACTED LAWS

This *Legislative Digest of Bill Summaries and Enacted Laws* summarizes all bills and adopted amendments and all laws enacted or finally passed during the First Regular Session of the 124<sup>th</sup> Maine Legislature.

The *Digest* is arranged alphabetically by committee, and within each committee by LD number. The committee report(s), prime sponsor and lead co-sponsor(s), if designated, are listed below each bill title. All adopted amendments are summarized and listed by paper number. A subject index is included with each committee. The appendices include a summary of relevant session statistics, an index of all bills by LD number and an index of enacted laws by law type and chapter number.

Final action on each bill is noted to the right of the bill title. The abbreviations used for various categories of final action are as follows:

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; bill died
DIED BETWEEN BODIES.....	House & Senate disagree; bill died
DIED IN CONCURRENCE.....	One body accepts ONTP report; the other indefinitely postpones the bill
DIED ON ADJOURNMENT.....	Action incomplete when session ended; bill died
EMERGENCY.....	Enacted law takes effect sooner than 90 days
FAILED EMERGENCY ENACTMENT/FINAL PASSAGE.....	Emergency bill failed to get 2/3 vote
FAILED ENACTMENT/FINAL PASSAGE.....	Bill failed to get majority vote
FAILED MANDATE ENACTMENT.....	Bill imposing local mandate failed to get 2/3 vote
NOT PROPERLY BEFORE THE BODY.....	Ruled out of order by the presiding officers; bill died
INDEF PP.....	Bill Indefinitely Postponed; bill died
ONTP (or Accepted ONTP report).....	Ought Not To Pass report accepted; bill died
P&S XXX.....	Chapter # of enacted Private & Special Law
PUBLIC XXX.....	Chapter # of enacted Public Law
RESOLVE XXX.....	Chapter # of finally passed Resolve
UNSIGNED.....	Bill held by Governor
VETO SUSTAINED.....	Legislature failed to override Governor's Veto

The effective date for non-emergency legislation enacted in the First Regular Session of the 124<sup>th</sup> Legislature is September 12, 2009. The effective date for legislation enacted as an emergency measure is specified in the enacted law summary for those bills.

*Joint Standing Committee on Insurance and Financial Services*

**LD 1040 An Act Relating to Health Benefit Plan Coverage of Chemotherapy**

**ONTP**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
ROSEN K ROSEN R	ONTP	

This bill requires that, if a carrier provides coverage for cancer chemotherapy, the carrier shall provide coverage for a prescribed orally administered cancer medication on a basis no less favorable than intravenously administered or injected cancer medications that are covered benefits.

**LD 1059 Resolve, To Enhance Health Care for Direct Care Workers**

**Carried Over**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
SULLIVAN		

This resolve requires the Department of Professional and Financial Regulation, Bureau of Insurance to establish a demonstration project named the Direct Care Workforce Health Coverage Working Group to help long-term care service providers unable to afford high-quality health insurance for their direct care workers to receive higher levels of reimbursement for MaineCare services they provide. The project will last 4 years and cost \$500,000. The bureau shall assess if this benefit affects worker retention. The bureau shall report to the joint standing committee of the Legislature having jurisdiction over insurance matters, which may submit legislation.

LD 1059 has been carried over to the next special or regular session of the 124th Legislature pursuant to joint order, H.P. 1053.

**LD 1063 An Act To Provide Consumer Disclosures and Protect Consumer Options in Life Insurance**

**PUBLIC 376**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
SULLIVAN	OTP-AM	S-200

This bill provides disclosure to certain owners of life insurance policies from the insurance company of the availability of viatical settlement contracts. The bill also describes what constitutes violation of the Viatical and Life Settlements Act by an insurer.

**Committee Amendment "A" (S-200)**

This amendment replaces the bill. The amendment requires additional disclosures to consumers related to viatical and life settlements. The amendment requires the Superintendent of Insurance to develop a brochure informing consumers about their rights as owners of life insurance policies, including the alternatives to the lapse of a life insurance policy. The amendment requires life insurance companies to provide the brochure to consumers who are 60 years of age or older or have a chronic or terminal illness under certain circumstances. The amendment also

## *Joint Standing Committee on Insurance and Financial Services*

makes technical changes to current law based on recommendations from the Department of Professional and Financial Regulation, Bureau of Insurance.

### **Enacted Law Summary**

Public Law 2009, chapter 376 requires additional disclosures to consumers related to viatical and life settlements. The law requires the Superintendent of Insurance to develop a brochure informing consumers about their rights as owners of life insurance policies, including the alternatives to the lapse of a life insurance policy. The law requires life insurance companies to provide the brochure to consumers who are 60 years of age or older or have a chronic or terminal illness under certain circumstances.

Public Law 2009, chapter 376 also makes technical changes to current law based on recommendations from the Department of Professional and Financial Regulation, Bureau of Insurance.

### **LD 1073 An Act To Provide for Insurance Coverage of Telemedicine Services**

**PUBLIC 169**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
PERRY A	OTP-AM	H-146

This bill provides for coverage of health care services delivered through telemedicine. The bill allows for insurer approval of telemedicine networks, allows deductibles, copayments and coinsurance the same as for in-person health services and provides for coverage consistent with in-person health care services. The provisions of the bill apply to all policies, contracts and certificates executed, delivered, issued for delivery, continued or renewed in this State on or after January 1, 2010.

### **Committee Amendment "A" (H-146)**

This amendment replaces the bill. The amendment requires that a carrier offering a health plan may not deny coverage for health care services provided through telemedicine if those services would be covered by the carrier were they provided through in-person consultation. The amendment requires that carriers provide coverage for telemedicine in a manner consistent with coverage for health care services provided through in-person consultation and requires that any deductible, copayment or coinsurance for telemedicine may not exceed the deductible, copayment or coinsurance applicable to an in-person consultation.

### **Enacted Law Summary**

Public Law 2009, chapter 169 requires that a carrier offering a health plan may not deny coverage for health care services provided through telemedicine if those services would be covered by the carrier were they provided through in-person consultation. The law requires that carriers provide coverage for telemedicine in a manner consistent with coverage for health care services provided through in-person consultation and requires that any deductible, copayment or coinsurance for telemedicine may not exceed the deductible, copayment or coinsurance applicable to an in-person consultation.