

# MAINE STATE LEGISLATURE

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



Summaries of bills, adopted amendments and laws enacted or finally passed during the Second 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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**STAFF:**

COLLEEN MCCARTHY REID  
LEGISLATIVE ANALYST  
OFFICE OF POLICY AND LEGAL ANALYSIS  
13 STATE HOUSE STATION  
AUGUSTA, ME 04333  
(207) 287-1670

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# STATE OF MAINE

124<sup>TH</sup> LEGISLATURE  
SECOND 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 Second 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 HOUSES*..... 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 Second Regular Session of the 124<sup>th</sup> Legislature is Monday, July 12, 2010. 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 425 was carried over from the First Regular Session of the 124th Legislature pursuant to joint order, H.P. 1053. The bill requires individual and group health insurance policies and health maintenance organization contracts to provide coverage for children's early intervention services after a referral from a primary care provider for children from birth to three years of age if the child has an identified developmental disability or delay as described in the federal Individuals with Disabilities Education Act, Part C. The bill limits coverage to \$3,200 per year per child up to a maximum of \$9,600 by the child's third birthday. The bill applies to all policies, contracts and certificates issued or renewed on or after January 1, 2010.

### **Committee Amendment "A" (H-663)**

This amendment changes the application clause of the bill so it will apply to all individual and group health insurance policies, contracts and certificates issued or renewed on or after January 1, 2011. This amendment also reallocates the statutory provisions contained in the bill.

### **Enacted Law Summary**

Public Law 2009, chapter 634 requires individual and group health insurance policies and health maintenance organization contracts to provide coverage for children's early intervention services after a referral from a primary care provider for children from birth to three years of age if the child has an identified developmental disability or delay as described in the federal Individuals with Disabilities Education Act, Part C. The law limits coverage to \$3,200 per year per child up to a maximum of \$9,600 by the child's third birthday. The law applies to all policies, contracts and certificates issued or renewed on or after January 1, 2011.

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

**ONTP**

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

LD 1059 was carried over from the First Regular Session of the 124th Legislature pursuant to joint order, H.P. 1053. The 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.

### **LD 1198      An Act To Reform Insurance Coverage To Include Diagnosis and Treatment for Autism Spectrum Disorders**

**PUBLIC 635**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
BOWMAN	OTP-AM	S-430

LD 1198 was carried over from the First Regular Session of the 124th Legislature pursuant to joint order, H.P. 1053. The bill requires group health insurance policies, contracts and certificates covering fewer than 50 members to provide coverage for the diagnosis and treatment of autism spectrum disorders for persons 21 years of age and under. Initially, coverage is subject to a maximum annual benefit of \$36,000 per year; beginning January 1, 2011, the maximum benefit must be adjusted annually for inflation using the medical care component of the United States Department of Labor Consumer Price Index. The provisions of this bill apply to group policies, contracts and

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

certificates issued or renewed on or after January 1, 2010.

### **Committee Amendment "A" (S-430)**

This amendment changes the title of the bill and requires individual health insurance policies and contracts as well as group policies, contracts and certificates for health insurance to provide coverage for the diagnosis and treatment of autism spectrum disorders; however, the amendment provides coverage for persons five years of age and under rather than 21 years of age and under. To be eligible for coverage for the treatment of autism spectrum disorders, applied behavior analysis services must be provided by a person professionally certified as a behavior analyst or under the supervision of a professionally certified behavior analyst. Coverage for applied behavior therapy is subject to a maximum annual benefit of \$36,000 per year. The amendment clarifies that the annual cap on benefits applies to the extent allowed under federal law for group health plans. The amendment also clarifies that coverage for prescription drugs for the treatment of autism spectrum disorders must be determined in the same manner as coverage for prescription drugs for the treatment of other illnesses. The provisions of this amendment apply to individual and group policies, contracts and certificates issued or renewed on or after January 1, 2011.

The amendment also requires the Department of Professional and Financial Regulation, Bureau of Insurance to submit a report related to the experience of carriers with the mandate requiring coverage for diagnosis and treatment of autism spectrum disorders, particularly applied behavior analysis services. The report must be submitted by February 1, 2015. The joint standing committee of the Legislature having jurisdiction over insurance and financial services matters is authorized to report out a bill to the First Regular Session of the 127th Legislature.

### **Enacted Law Summary**

Public Law 2009, chapter 635 requires individual and group health insurance policies and contracts to provide coverage for the diagnosis and treatment of autism spectrum disorders for persons five years of age and under. To be eligible for coverage for the treatment of autism spectrum disorders, applied behavior analysis services must be provided by a person professionally certified as a behavior analyst or under the supervision of a professionally certified behavior analyst. Coverage for applied behavior therapy is subject to a maximum annual benefit of \$36,000 per year. The law clarifies that the annual cap on benefits for applied behavior therapy applies to the extent allowed under federal law for group health plans. The law provides that coverage for prescription drugs for the treatment of autism spectrum disorders must be determined in the same manner as coverage for prescription drugs for the treatment of other illnesses. The provisions apply to individual and group policies, contracts and certificates issued or renewed on or after January 1, 2011.

Public Law 2009, chapter 635 also requires the Department of Professional and Financial Regulation, Bureau of Insurance to submit a report to the Legislature by February 1, 2015 related to the experience of health insurance carriers with the mandate requiring coverage for diagnosis and treatment of autism spectrum disorders, particularly applied behavior analysis services.

### **LD 1365    An Act To Establish a Single-payer Health Care System**

**ONTP**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
PRIEST BOWMAN	ONTP	

LD 1365 was carried over from the First Regular Session of the 124th Legislature pursuant to joint order, H.P. 1053. The bill establishes a universal access health care system that offers a choice of coverage through organized delivery systems or through a managed care system operated by the Maine Health Care Agency and channels all health care dollars through a dedicated trust fund.