

MAINE STATE LEGISLATURE

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STATE OF MAINE
124TH LEGISLATURE
SECOND REGULAR SESSION



Summaries of bills, adopted amendments and laws enacted or finally passed during the Second Regular Session of the 124th Maine Legislature coming from the

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

April 2010

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STATE OF MAINE

124TH 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 124th 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:

<i>CARRIED OVER</i>	<i>Carried over to a subsequent session of the Legislature</i>
<i>CON RES XXX</i>	<i>Chapter # of Constitutional Resolution passed by both Houses</i>
<i>CONF CMTE UNABLE TO AGREE</i>	<i>Committee of Conference unable to agree; bill died</i>
<i>DIED BETWEEN HOUSES</i>	<i>House & Senate disagree; bill died</i>
<i>DIED IN CONCURRENCE</i>	<i>One body accepts ONTP report; the other indefinitely postpones the bill</i>
<i>DIED ON ADJOURNMENT</i>	<i>Action incomplete when session ended; bill died</i>
<i>EMERGENCY</i>	<i>Enacted law takes effect sooner than 90 days</i>
<i>FAILED EMERGENCY ENACTMENT/FINAL PASSAGE</i>	<i>Emergency bill failed to get 2/3 vote</i>
<i>FAILED ENACTMENT/FINAL PASSAGE</i>	<i>Bill failed to get majority vote</i>
<i>FAILED MANDATE ENACTMENT</i>	<i>Bill imposing local mandate failed to get 2/3 vote</i>
<i>NOT PROPERLY BEFORE THE BODY</i>	<i>Ruled out of order by the presiding officers; bill died</i>
<i>INDEF PP</i>	<i>Bill Indefinitely Postponed; bill died</i>
<i>ONTP (or Accepted ONTP report)</i>	<i>Ought Not To Pass report accepted; bill died</i>
<i>P&S XXX</i>	<i>Chapter # of enacted Private & Special Law</i>
<i>PUBLIC XXX</i>	<i>Chapter # of enacted Public Law</i>
<i>RESOLVE XXX</i>	<i>Chapter # of finally passed Resolve</i>
<i>UNSIGNED</i>	<i>Bill held by Governor</i>
<i>VETO SUSTAINED</i>	<i>Legislature failed to override Governor's Veto</i>

The effective date for non-emergency legislation enacted in the Second Regular Session of the 124th 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

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.

Joint Standing Committee on Insurance and Financial Services

1. Part A of the bill does the following.

It establishes the Maine Health Care Plan to provide security through high-quality, affordable health care for the people of the State. The plan becomes effective when two other New England states enact substantially similar legislation. All residents and nonresidents who maintain significant contact with the State are eligible for covered health care services through the Maine Health Care Plan. The plan is funded by the Maine Health Care Trust Fund, a dedicated fund receiving payments from payroll taxes and payments from the General Fund or any other sources. The Maine Health Care Plan provides a range of benefits, including hospital services, health care services from participating providers, laboratory and imaging procedures, home health services, rehabilitative services, prescription drugs and devices, mental health services, substance abuse treatment services, dental services, vision appliances, medical supplies and equipment and hospice care. Health care services under the Maine Health Care Plan are provided by participating providers in organized delivery systems and through the open plan, which is available to all providers. The plan is supplemental to other health care programs that may be available to plan members, such as MaineCare, Medicare, the Dirigo Health Program, the federal Civilian Health and Medical Program of the Uniformed Services, the federal Indian Health Care Improvement Act and workers' compensation. It establishes the Maine Health Care Agency to administer and oversee the Maine Health Care Plan, to act under the direction of the Maine Health Care Council and to administer and oversee the Maine Health Care Trust Fund. The Maine Health Care Council is the decision-making and directing council for the agency and is composed of three full-time appointees.

Part A directs the Maine Health Care Agency to establish programs to ensure quality, affordability, efficiency of care and health planning. The agency health planning program includes the establishment of global budgets for health care expenditures for the State and for institutions and hospitals. The health planning program also encompasses the certificate of need responsibilities of the agency pursuant to the Maine Revised Statutes, Title 22, chapter 103-A and the health planning responsibilities pursuant to Title 2, chapter 5. The agency is also required to contract with a 3rd-party administrator for claims processing and data collection services.

Part A also requires the State Controller to advance \$400,000 to the Maine Health Care Trust Fund on the effective date of the Part, July 1, 2010. This amount must be repaid by the Maine Health Care Agency by June 30, 2012.

2. Part B of the bill establishes the Maine Health Care Plan Transition Advisory Committee. Composed of 20 members, appointed and subject to confirmation, the committee is charged with holding public hearings, soliciting public comments and advising the Maine Health Care Council on the transition from the current health care system to the Maine Health Care Plan. Members of the committee serve without compensation but may be reimbursed for their expenses. The committee is directed to report to the Governor and to the Legislature every six months beginning July 1, 2010. The committee completes its work when the Maine Health Care Plan becomes effective.

3. Part C of the bill establishes the salaries of the members of the Maine Health Care Council and the executive director of the Maine Health Care Agency.

4. Part D of the bill prohibits the sale on the commercial market of health insurance policies and contracts that duplicate the coverage provided by the Maine Health Care Plan. It allows the sale of health insurance policies and contracts that do not duplicate and are supplemental to the coverage of the Maine Health Care Plan.

5. Part E of the bill directs the Maine Health Care Agency to ensure employment retraining for administrative workers employed by insurers and providers who are displaced by the transition to the Maine Health Care Plan. It directs the Maine Health Care Agency to study the delivery and financing of long-term care services to plan members. Consultation is required with the Maine Health Care Plan Transition Advisory Committee, representatives of consumers and potential consumers of long-term care services and representatives of providers of long-term care services, employers, employees and the public. A report by the agency to the Legislature is due January 1, 2012.

Joint Standing Committee on Insurance and Financial Services

The Maine Health Care Agency is directed to study the provision of health care services under the MaineCare and Medicare programs, waivers, coordination of benefit delivery and compensation, reorganization of State Government necessary to accomplish the objectives of the Maine Health Care Agency and legislation needed to carry out the purposes of the bill. The agency is directed to apply for all waivers required to coordinate the benefits of the Maine Health Care Plan and the MaineCare and Medicare programs. A report by the agency is due to the Legislature by March 1, 2011.

6. Part F of the bill clarifies that, throughout the Maine Revised Statutes, the words "payer" and "payor" may be used interchangeably and have the same meaning.

7. Part G of the bill establishes a 7.5% payroll tax on wages and earnings, including self-employed earnings, and dedicates that tax revenue to the Maine Health Care Trust Fund.

LD 1498 An Act To Adopt a Drug Benefit Equity Law

PUBLIC 519

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MILLS P	OTP-AM	S-374

The purpose of this bill is to bar health insurance carriers from favoring certain types of pharmacies, such as mail order pharmacies, over other types of pharmacies, such as independent retail pharmacies. The bill prohibits a carrier from refusing to contract with a pharmacy provider that meets the terms and conditions established by the health plan. The bill requires that coinsurance, copayment and deductible factors be applied uniformly regardless of the type of pharmacy the health plan enrollee chooses. The bill also prohibits a carrier from limiting the quantity of drugs that an enrollee may obtain at one time unless the limit is applied uniformly to all pharmacy providers within the health plan's network.

Committee Amendment "A" (S-374)

This amendment replaces the bill. The amendment prohibits a carrier from refusing to contract with a pharmacy provider that meets the terms and conditions established by the carrier. The amendment clarifies that a carrier may offer enrollees incentives to encourage the use of certain preferred pharmacy providers as long as the carrier makes the same terms applicable to preferred pharmacy providers available to all pharmacy providers. The amendment also requires a carrier to pay all clean electronic claims within 21 days after the claim is received by the carrier.

Enacted Law Summary

Public Law 2009, chapter 519 prohibits a carrier from refusing to contract with a pharmacy provider that meets the terms and conditions established by the carrier. The law clarifies that a carrier may offer enrollees incentives to encourage the use of certain preferred pharmacy providers as long as the carrier makes the same terms applicable to preferred pharmacy providers available to all pharmacy providers. The law also requires a carrier to pay all clean electronic claims within 21 days after the claim is received by the carrier.