

MAINE STATE LEGISLATURE

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STATE OF MAINE
126TH LEGISLATURE
SECOND REGULAR SESSION



Summaries of bills, adopted amendments and laws enacted or finally passed

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

May 2014

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STATE OF MAINE
126TH LEGISLATURE
SECOND REGULAR SESSION
LEGISLATIVE DIGEST OF BILL SUMMARIES AND
ENACTED LAWS

The *Digest* is arranged within each committee by Legislative Document (LD) number. The committee report(s), prime sponsor and lead co-sponsor(s), if designated, are listed below each LD title. All adopted amendments are summarized and listed by paper number. A subject index is included with each committee.

Final action on each LD is noted to the right of the LD title. The following describes the various final actions.

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; legislation died
DIED BETWEEN HOUSESHouse & Senate disagreed; legislation died
DIED IN CONCURRENCE defeated in each house, but on different motions; legislation died
DIED ON ADJOURNMENT action incomplete when session ended; legislation died
EMERGENCYenacted law takes effect sooner than 90 days after session adjournment
FAILED, EMERGENCY ENACTMENT or FINAL PASSAGE.....emergency failed to receive required 2/3 vote
FAILED, ENACTMENT or FINAL PASSAGE..... failed to receive final majority vote
FAILED, MANDATE ENACTMENT.....legislation proposing local mandate failed required 2/3 vote
HELD BY GOVERNOR..... Governor has not signed; final disposition to be determined at subsequent session
LEAVE TO WITHDRAW.....sponsor's request to withdraw legislation granted
NOT PROPERLY BEFORE THE BODY.....ruled out of order by the presiding officer; legislation died
INDEF PP..... indefinitely postponed; legislation died
ONTP, ACCEPTED, MAJORITY, MINORITY or REPORT X... ought-not-to-pass report accepted; legislation died
P&S XXX..... chapter # of enacted private & special law
PUBLIC XXX chapter # of enacted public Law
RESOLVE XXX chapter # of finally passed resolve
VETO SUSTAINED.....Legislature failed to override Governor's veto

The effective date for non-emergency legislation enacted in the Second Regular Session of the 126th Legislature is August 1, 2014. The effective date for legislation enacted as an emergency measure may be found in the enacted law summary for that legislation.

Joint Standing Committee on Insurance and Financial Services

LD 1092 An Act To Increase the Use of Long-term Care Insurance

ONTP

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

This bill was carried over from the First Regular Session of the 126th Legislature.

The bill establishes an alternative long-term care benefit program for those persons that qualify for long-term benefits under the MaineCare program. The bill allows persons otherwise eligible for long-term care benefits under MaineCare that own life insurance policies with face amounts exceeding \$10,000 to enter into life settlement contracts in exchange for direct payments to a health care provider for long-term care benefits. The bill prohibits the Department of Health and Human Services from considering the value of the life settlement contract as an asset or resource in determining eligibility for MaineCare. The bill also establishes the conditions under which a life settlement contract may be used, requires certain disclosures to be made to MaineCare applicants and authorizes the Department of Health and Human Services to adopt rules after consultation with the Department of Professional and Financial Regulation, Bureau of Insurance.

LD 1236 An Act To Amend the Maine Insurance Code To Ensure Fair and Reasonable Coverage and Reimbursement of Chiropractic Services

Accepted Majority (ONTP) Report

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
ALFOND CAMPBELL R	ONTP OTP-AM	

This bill was carried over from the First Regular Session of 126th Legislature.

The bill requires that coverage and payment by health insurers and health maintenance organizations for services within the scope of practice of chiropractic doctors be at least equal to and consistent with coverage for services provided by allopathic or osteopathic doctors. It requires insurers to provide benefits covering and paying for care by chiropractic doctors at least equal to and consistent with the benefits paid to other health care providers treating similar conditions within the scope of practice of chiropractic doctors. Under the bill, these carriers may not classify services provided by chiropractic doctors as physical therapy, or place these services into other categories that unreasonably limit coverage or payments for such services, or impose copayments, coinsurance requirements or deductibles that are more burdensome or limiting than those imposed with respect to services provided by allopathic or osteopathic doctors. The copayment for each service provided in the course of an office visit to a chiropractic doctor may not exceed \$5 or 10% of the covered payment for such services, whichever is greater. The total copayment for the combined services provided in the course of an office visit to a chiropractic doctor may not exceed \$30 or 10% of the combined covered payment for such services, whichever is greater.

Committee Amendment "A" (S-376)

This amendment is the minority report of the committee and replaces the bill. The amendment requires coverage and reasonable payment by health insurers and health maintenance organizations for medically necessary services within the scope of practice of chiropractic doctors. It requires insurers to provide benefits covering and paying for care by chiropractic doctors. Under the amendment, these carriers may not classify services provided by chiropractic doctors as physical therapy or place these services into other categories that unreasonably limit coverage or payments for such services. It also prohibits the imposition of unreasonable patient copayment, coinsurance, or deductible requirements that exceed those patient obligations imposed with respect to other provider

Joint Standing Committee on Insurance and Financial Services

services. The copayment for each service provided in the course of an office visit to a chiropractic doctor may not exceed \$5 or ten percent of the covered payment for such service, whichever is greater. The total copayment for the combined services provided in the course of an office visit to a chiropractic doctor may not exceed \$30 or ten percent of the combined covered payment for such services, whichever is greater.

**LD 1345 Resolve, To Study the Design and Implementation of Options for a
Universal Health Care Plan in the State That Is in Compliance with the
Federal Patient Protection and Affordable Care Act**

Veto Sustained

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
PRIEST GRATWICK	OTP-AM ONTP	H-771

This bill was carried over from the First Regular Session of the 126th Legislature.

Part A of the bill establishes the Maine Health Benefit Marketplace as the State's health benefit exchange as authorized by the federal Patient Protection and Affordable Care Act to facilitate the purchase of health care coverage by individuals and small businesses. The Maine Health Benefit Marketplace is established within the Department of Professional and Financial Regulation. The bill requires coverage to be available through the State-based marketplace no later than January 1, 2015 and requires the Executive Director of the Maine Health Benefit Marketplace to submit a declaration of intent to establish a state-based exchange under federal law to the federal Department of Health and Human Services no later than November 18, 2013. The bill also requires the executive director to submit applications for any available federal grant funding to support planning and implementation of the exchange as soon as practicable.

Part B of the bill establishes the Maine Health Care Plan to provide security through high-quality, affordable health care for the people of the State. The plan will become effective and binding on the State upon the approval of a waiver from the United States Department of Health and Human Services. 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 Maine Health Care Plan must conform to the minimum essential benefits required under federal law, but may require additional benefits within existing resources. 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. 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 five full-time appointees.

Part B also directs the Maine Health Care Agency to establish programs to ensure quality, affordability, efficiency of care and health care planning. The agency health care planning program includes the establishment of global budgets for health care expenditures for the State and for institutions and hospitals. The health care planning program also encompasses the certificate of need responsibilities of the agency pursuant to the Maine Revised Statutes, Title 22, chapter 103-A. The bill contains a directive to the State Controller to advance \$600,000 to the Maine Health Care Trust Fund. This amount must be repaid by the Maine Health Care Agency by June 30, 2018.

Part C of the bill establishes the Maine Health Care Plan Transition Advisory Committee. Composed of 20 members, appointed by the Governor, President of the Senate and Speaker of the House of Representatives, and subject to confirmation by the Legislature, the committee is charged with holding public hearings, soliciting public comments, and advising the Maine Health Care Agency 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, 2017. The committee completes its work when the Maine Health Care Plan becomes effective.