

MAINE STATE LEGISLATURE

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STATE OF MAINE
126TH LEGISLATURE
FIRST REGULAR SESSION



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

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

July 2013

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LEGISLATIVE DIGEST OF BILL SUMMARIES AND ENACTED LAWS

This *Legislative Digest of Bill Summaries and Enacted Laws* contains summaries of all LDs and adopted amendments and all laws enacted or finally passed during the First Regular Session of the 126th Maine Legislature.

The *Digest* is arranged alphabetically by committee and 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. 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 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 HOUSES.....House & 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
EMERGENCY..... enacted 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 First Regular Session of the 126th Legislature is October 9, 2013. 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

Enacted Law Summary

Public Law 2013, chapter 313 makes the following changes to the Charitable Solicitations Act.

1. The law raises the threshold for licensure of charitable organizations so that only charitable organizations that raise more than \$35,000 in a calendar year or receive contributions from more than 35 persons must be licensed. Under current law, the threshold is contributions of more than \$10,000 or from more than 10 persons in a calendar year. The law also eliminates the licensing requirement for commercial co-venturers and provides an exemption from licensure for charitable organizations that solicit primarily within their membership and do not contract with professional solicitors or professional fund-raising counsel.
2. The law changes the document filing requirements for charitable organizations, professional solicitors and professional fund-raising counsel.
3. The law revises the financial information required to be reported on an annual fund-raising activity report.
4. The law streamlines the licensing process by requiring that, as an ongoing condition of licensure, licensees must notify the Department of Professional and Financial Regulation, Office of Professional and Occupational Regulation of any material change in the organization's application for an initial license or license renewal within 10 days. Licensees are also required to disclose court actions and disciplinary actions occurring in other states.
5. The law specifies that it is a violation of the Charitable Solicitations Act if a person or entity does not disclose to a prospective donor at the time of solicitation the "physical" address of the charitable organization for which the solicitation is being conducted.

LD 1345

**An Act To Establish a Single-payor Health Care System To Be Effective
in 2017**

CARRIED OVER

Sponsor(s)

PRIEST
GRATWICK

Committee Report

Amendments Adopted

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

Joint Standing Committee on Insurance and Financial Services

agency and is composed of 5 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 6 months beginning July 1, 2017. The committee completes its work when the Maine Health Care Plan becomes effective.

Part D 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.

Part E 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 care policies and contracts that do not duplicate and are supplemental to the coverage of the Maine Health Care Plan.

Part F of the bill directs the Maine Health Care Agency to submit 2 financing plans to the Legislature by January 15, 2016. Part F also 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, 2018.

Part G clarifies that throughout the Maine Revised Statutes, the words "payer" and "payor" have the same meaning.

This bill was carried over to any special or regular session of the 126th Legislature by joint order, H.P. 1145, as amended by H-B (H-580) and H-C (H-582).

LD 1367 An Act To Require Health Insurance Carriers and the MaineCare Program To Cover the Cost of Transition Services To Bridge the Gap between High School and Independence

CARRIED OVER

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

This bill requires the Department of Health and Human Services to require providers of behavioral and mental health services for children to establish or participate in so-called bridge teams for the purpose of ensuring continuity of care for students receiving behavioral and mental health services who graduate from high school and are likely to be in need of such services following graduation. The bill also requires MaineCare and private health insurance carriers to provide coverage for such services.