

# MAINE STATE LEGISLATURE

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STATE OF MAINE  
126<sup>TH</sup> 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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**STAFF:**

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

**STATE OF MAINE**  
126<sup>TH</sup> 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 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 Second Regular Session of the 126<sup>th</sup> 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*

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.

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

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 two 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.

### **Committee Amendment "A" (H-771)**

The amendment, which is the majority report, replaces the bill and changes it into a resolve.

The amendment expresses the Legislature's intent that all Maine residents have access to and coverage for affordable, quality health care. The amendment requires the joint standing committee of the Legislature having jurisdiction over insurance and financial services matters to solicit the services of one or more consultants to propose design options for creating a universal system of health care in the State. The resolve requires the consultant or consultants to submit a proposal by December 2, 2015, containing at least three design options that comply with the federal Patient Protection and Affordable Care Act.

The amendment includes a provision requiring the State Controller to transfer \$100,000 from the State Innovation Model grant received by the Department of Health and Human Services pursuant to the federal Patient Protection and Affordable Care Act before June 30, 2015, to fund the study required by the resolve. If funds exceeding \$100,000 are received from other public and private sources before December 1, 2015, the amendment requires that the money be transferred back to the Department of Health and Human Services.

### **LD 1367      **Resolve, To Improve Early Diagnosis, Treatment and Outcomes for Youth and Young Adults with, or at Risk for, Serious Mental Health Conditions****

**Veto Sustained**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
GRAHAM	OTP-AM	H-717
ALFOND	ONTP	S-553    HILL

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

The 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.

### **Committee Amendment "A" (H-717)**

This amendment is the majority report of the committee and replaces the bill and changes the title.