

STATE OF MAINE 127^{TH} LEGISLATURE FIRST REGULAR SESSION



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

JOINT STANDING COMMITTEE ON INSURANCE AND FINANCIAL SERVICES

August 2015

MEMBERS:

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STATE OF MAINE

 127^{TH} Legislature First Regular Session



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 127th 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. An appendix provides a summary of relevant session statistics.

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 AGREECommittee of Conference unable to agree; legislation died
DIED BETWEEN HOUSES House & Senate disagreed; legislation died
DIED IN CONCURRENCE
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
LEAVE TO WITHDRAWsponsor's request to withdraw legislation granted
NOT PROPERLY BEFORE THE BODYruled 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
<i>P&S XXXchapter # of enacted private & special law</i>
<i>PUBLIC XXX</i> 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 127th Legislature is October 15, 2015. 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

While LD 1265 was voted "Ought Not to Pass," the Maine Health Exchange Advisory Committee was re-established for the duration of the 127th Legislature by joint order, S.P. 533.

LD 1304

An Act To Permit Funds for Prearranged Funerals To Be Invested under a Wider Range of Options

Accepted Majority (ONTP) Report

Amendments Adopted

Sponsor(s)	Committee Report	
WHITTEMORE	ONTP OTP-AM	

Current law permits funds held in prearranged funeral and burial plans to be invested in certain listed permissible investment categories. This bill expands those options by permitting these funds to be invested in the same categories of investments that are authorized under the Maine Revised Statutes, Title 39-A, section 403, subsection 9 as permissible investments for trust funds for self-insurers under the laws governing workers' compensation.

Committee Amendment "A" (S-108)

This amendment is the minority report of the committee. This amendment replaces the bill and changes it into a resolve. The amendment establishes a task force to study expanding the permissible investments for prearranged funeral funds. The task force comprises 11 members, including six Legislators, representatives of independently owned and corporate-owned funeral homes, financial institutions and credit unions and a financial advisor. The amendment requires the task force to report back to the Legislature before the Second Regular Session of the 127th Legislature. The Joint Standing Committee on Insurance and Financial Services may report out a bill based on the task force's recommendations.

LD 1305 An Act To Encourage Health Insurance Consumers To Comparison Shop for Health Care Procedures and Treatment

CARRIED OVER

Sponsor(s)	Committee Report	Amendments Adopted
WHITTEMORE BECK		

This bill requires a health care entity to provide an estimate of the allowed amount if the entity is within a patient's carrier network or the amount that will be charged if the entity does not participate in a patient's carrier network for a proposed admission, procedure or service within two business days of a patient's request and to assist a patient in using a carrier's toll-free telephone number and publicly accessible website to obtain information about the out-of-pocket costs for which a patient will be responsible.

The bill requires health insurance carriers to establish a toll-free telephone number and publicly accessible website to provide information to enrollees about health care costs. A carrier is required to provide information on the average price paid in the past 12 months to a network health care provider for a proposed admission, procedure or service in each geographic rating area established by the carrier and to provide a binding estimate for the maximum allowed amount or charge for a proposed admission, procedure or service and the estimated amount the enrollee will be responsible to pay for a proposed admission, procedure or service that is a medically necessary covered benefit.

The bill also requires a carrier to pay an enrollee 50 percent of the saved cost to a maximum of \$7,500 if an enrollee elects to receive health care services from a provider that cost less than the average cost for a particular admission, procedure or service unless the savings is \$50 or less. If an enrollee elects to receive health care services from an out-of-network provider that cost less than the average amount for a particular admission, procedure or service, a carrier shall apply the enrollee's share of the cost toward the enrollee's member cost sharing as if the health care services were provided by a network provider.