

MAINE STATE LEGISLATURE

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STATE OF MAINE
128TH LEGISLATURE
FIRST REGULAR SESSION



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

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

August 2017

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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 128th 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 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 128th Legislature is Wednesday, November 1, 2017. 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 1354 An Act Relating to Exempt Equity in a Primary Residence

ONTP

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
CARPENTER M	ONTP	

This bill requires a financial institution that makes a secondary or home equity loan or refinances an existing loan on a primary residence to inform the loan applicant of the total amount of equity in the residence that is exempt from unsecured creditors and provides a sample form for financial institutions to use to inform the applicant, including offering a referral to legal services organizations for a low-income applicant.

LD 1385 An Act Governing Direct Primary Care Service Agreements

PUBLIC 112

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
WHITTEMORE R PICKETT R	OTP-AM	S-127

This bill provides that nothing in state law may be construed as prohibiting a patient or legal representative of a patient from seeking care outside of an insurance plan or outside of the Medicaid or Medicare program and paying for such care. It also provides that nothing in state law may be construed as prohibiting a physician, other medical professional or a medical facility from accepting payment for services or medical products outside of an insurance plan. It provides that a direct primary care membership agreement is not insurance and is not subject to regulation by the Department of Professional and Financial Regulation, Bureau of Insurance. A direct primary care membership agreement is defined as a contract between a direct primary care provider and an individual patient or legal representative of a patient in which the provider agrees to provide primary care services to the individual patient for an agreed-to fee over an agreed-to period of time, the provider agrees not to bill third parties on a fee-for-service basis and any per-visit charges under the agreement are less than the monthly equivalent of the provider fee.

Committee Amendment "A" (S-127)

This amendment replaces the bill. The amendment provides that a direct primary care service agreement is not insurance and is not subject to regulation by the Department of Professional and Financial Regulation, Bureau of Insurance. A direct primary care service agreement is defined as a contract between a direct primary care provider and an individual patient or legal representative of a patient in which the provider agrees to provide primary care services to the individual patient for an agreed-to fee over an agreed-to period of time and the provider agrees not to bill third parties on a fee-for-service or capitated basis. The amendment also clarifies that a direct primary care provider is not prohibited from entering into an agreement with an insurer offering a policy specifically designed to supplement a direct primary care service agreement or from entering into a pilot program for direct primary care with a federal or state agency that provides health coverage.

Enacted Law Summary

Public Law 2017, chapter 112 provides that a direct primary care service agreement is not insurance and is not subject to regulation by the Department of Professional and Financial Regulation, Bureau of Insurance. A direct primary care service agreement is defined as a contract between a direct primary care provider and an individual patient or legal representative of a patient in which the provider agrees to provide primary care services to the individual patient for an agreed-to fee over an agreed-to period of time and the provider agrees not to bill third parties on a fee-for-service or capitated basis. The law also clarifies that a direct primary care provider is not prohibited from entering into an agreement with an insurer offering a policy specifically designed to supplement a

Joint Standing Committee on Insurance and Financial Services

direct primary care service agreement or from entering into a pilot program for direct primary care with a federal or state agency that provides health coverage.

LD 1386 An Act To Clarify the Public Nature of Annual Statements of Life Settlement Providers

PUBLIC 75

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
WHITTEMORE R	OTP	

This bill clarifies that annual statements filed with the Superintendent of Insurance by life settlement providers are public records.

Enacted Law Summary

Public Law 2017, chapter 75 clarifies that annual statements filed with the Superintendent of Insurance by life settlement providers are public records.

LD 1407 An Act Regarding Prescription Drug Step Therapy

CARRIED OVER

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
ROSEN K PIERCE J	OTP-AM	S-245

This bill requires health insurers to establish a process for prescription drug step therapy override exception determinations.

Committee Amendment "A" (S-245)

This amendment does the following.

1. It clarifies that carriers must apply the utilization review standards under current law when acting on a request for a step therapy override exception determination or an appeal of a determination.
2. It replaces certain terminology used in the bill to be consistent with current law.
3. It changes the applicability of the bill's provisions from January 1, 2018 to January 1, 2019.

This bill was reported out of committee and then carried over to the next special or regular session of the 128th Legislature on the Special Appropriations Table by joint order, S.P. 601.

LD 1417 An Act To Require Insurance Coverage for the Diagnosis and Treatment of Lyme Disease

CARRIED OVER

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
FREDETTE K		

This bill requires a carrier offering or renewing a health plan in the State to provide coverage to diagnose and treat Lyme disease.

This bill was carried over to any special or regular session of the 128th Legislature by joint order, H.P. 1138.