

MAINE STATE LEGISLATURE

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STATE OF MAINE
129TH LEGISLATURE
FIRST REGULAR SESSION



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

**JOINT STANDING COMMITTEE ON HEALTH COVERAGE,
INSURANCE AND FINANCIAL SERVICES**

August 2019

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STATE OF MAINE

129TH LEGISLATURE
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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 129th 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 129th Legislature is Thursday, September 19, 2019. 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 Health Coverage, Insurance and Financial Services

LD 1 An Act To Protect Health Care Coverage for Maine Families

**PUBLIC 5
EMERGENCY**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
JACKSON T GIDEON S	OTP-AM ONTP	S-3

The purpose of this bill is to ensure that consumer protections related to health insurance coverage included in the federal Patient Protection and Affordable Care Act are codified in state law.

In Part A, the bill does the following.

1. It makes clear that individual and group health plans may not impose any preexisting condition exclusion on an enrollee. The bill does permit a carrier to restrict enrollment in individual health plans to open enrollment and special enrollment periods established in rule.
2. It clarifies that carriers offering individual or group health plans may not establish lifetime or annual limits on the dollar value of benefits. The bill specifies that the provision prohibiting annual limits on the dollar value of benefits applies to the dollar value of essential health benefits as determined by the Superintendent of Insurance.
3. It allows children, until they attain 26 years of age, to remain on their parents' health insurance policy.
4. It changes the maximum rate differential due to age that may be filed by the carrier to the rate differential that is permitted under the federal Patient Protection and Affordable Care Act.

In Part B, the bill requires that, at a minimum, health plans cover essential health benefits that are substantially similar to those benefits required for health plans subject to the federal Patient Protection and Affordable Care Act as of January 1, 2019. The bill directs the Superintendent of Insurance to define essential health benefits in rule and designates those rules as major substantive and subject to legislative review and approval.

Committee Amendment "A" (S-3)

This amendment replaces the bill and is the majority report of the committee. The purpose of this amendment is to ensure that consumer protections related to health insurance coverage included in the federal Patient Protection and Affordable Care Act are codified in state law.

In Part A, the amendment does the following.

1. It makes clear that carriers in the individual, small group and large group markets must meet guaranteed issue requirements similar to those required by federal law.
2. It makes clear that individual and group health plans may not impose any preexisting condition exclusion on an enrollee. The amendment does permit a carrier to restrict enrollment in individual health plans to open enrollment and special enrollment periods established in rule.
3. It clarifies that carriers offering individual or group health plans may not establish lifetime or annual limits on the dollar value of benefits unless the plan is grandfathered under the federal Affordable Care Act as of January 1, 2019 and does not impose new limits or reduce existing limits. The amendment specifies that the provision prohibiting annual limits on the dollar value of benefits applies to the dollar value of essential health benefits.
4. It allows children, until they attain 26 years of age, to remain on their parents' health insurance policy.

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5. It changes the maximum rate differential due to age that may be filed by the carrier to three to one and requires that rates that vary based on age do so according to a uniform age rating curve.
6. It provides that if a carrier varies premium rates based on family membership, the premium rate must equal the sum of the premiums for each individual in the family.
7. It prohibits a carrier from varying premium rates based on tobacco use for individuals who are enrolled in an evidence-based tobacco cessation program approved by the United States Department of Health and Human Services, Food and Drug Administration.
8. It makes clear that the minimum medical loss ratio in the individual market is 80% without exception.
9. It adds language to prohibit rescissions of coverage consistent with requirements under federal law.
10. It makes changes to the timelines and requirements for determinations by a carrier of coverage for prescription drugs consistent with federal law.
11. It requires carriers to provide information about the health plans offered by the carrier in a standardized manner that is substantially similar to the manner required for health plans subject to the federal Patient Protection and Affordable Care Act as of January 1, 2019.
12. It removes a provision of the bill that would have repealed the authority for certain individuals to purchase coverage under an individual, nonrenewable short-term policy.
13. It prohibits a health plan from reducing or terminating benefits for an ongoing course of treatment, including coverage of a prescription drug, during the course of an appeal of a determination of coverage.

Part B requires that, at a minimum, individual and small group health plans cover essential health benefits that are substantially similar to those benefits required for health plans subject to the federal Patient Protection and Affordable Care Act as of January 1, 2019. The amendment also requires that health plans meet annual limits on cost sharing that are substantially similar to those benefits required for health plans subject to the federal Patient Protection and Affordable Care Act as of January 1, 2019. The amendment removes provisions of the bill that authorized the Superintendent of Insurance to make changes to essential health benefits and cost sharing limits in rule. The amendment clarifies that pediatric dental benefits may not be required of all individual and small group plans if dental coverage is available in accordance with the federal Affordable Care Act as in effect as of January 1, 2019.

Part C adopts nondiscrimination provisions consistent with similar requirements in federal law and rule.

Part D makes changes to current requirements in state law related to mental health parity consistent with similar requirements in federal law and regulations.

Enacted Law Summary

Public Law 2019, chapter 5 was enacted so that consumer protections related to health insurance coverage included in the federal Patient Protection and Affordable Care Act are codified in state law.

In Part A, Public Law 2019, chapter 5 does the following.

1. It makes clear that carriers in the individual, small group and large group markets must meet guaranteed issue requirements similar to those required by federal law.

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2. It makes clear that individual and group health plans may not impose any preexisting condition exclusion on an enrollee. The law does permit a carrier to restrict enrollment in individual health plans to open enrollment and special enrollment periods established in rule.
3. It clarifies that carriers offering individual or group health plans may not establish lifetime or annual limits on the dollar value of benefits unless the plan is grandfathered under the federal Affordable Care Act as of January 1, 2019 and does not impose new limits or reduce existing limits. The law specifies that the provision prohibiting annual limits on the dollar value of benefits applies to the dollar value of essential health benefits.
4. It allows children, until they attain 26 years of age, to remain on their parents' health insurance policy.
5. It changes the maximum rate differential due to age that may be filed by the carrier to three to one and requires that rates that vary based on age do so according to a uniform age rating curve.
6. It provides that if a carrier varies premium rates based on family membership, the premium rate must equal the sum of the premiums for each individual in the family.
7. It prohibits a carrier from varying premium rates based on tobacco use for individuals who are enrolled in an evidence-based tobacco cessation program approved by the United States Department of Health and Human Services, Food and Drug Administration.
8. It makes clear that the minimum medical loss ratio in the individual market is 80% without exception.
9. It adds language to prohibit rescissions of coverage consistent with requirements under federal law.
10. It makes changes to the timelines and requirements for determinations by a carrier of coverage for prescription drugs consistent with federal law.
11. It requires carriers to provide information about the health plans offered by the carrier in a standardized manner that is substantially similar to the manner required for health plans subject to the federal Patient Protection and Affordable Care Act as of January 1, 2019.
12. It preserves the authority for certain individuals to purchase coverage under an individual, nonrenewable short-term policy.
13. It prohibits a health plan from reducing or terminating benefits for an ongoing course of treatment, including coverage of a prescription drug, during the course of an appeal of a determination of coverage.

Part B of Public Law 2019, chapter 5 requires that, at a minimum, individual and small group health plans cover essential health benefits that are substantially similar to those benefits required for health plans subject to the federal Patient Protection and Affordable Care Act as of January 1, 2019. The law also requires that health plans meet annual limits on cost sharing that are substantially similar to those benefits required for health plans subject to the federal Patient Protection and Affordable Care Act as of January 1, 2019. The law clarifies that pediatric dental benefits may not be required of all individual and small group plans if dental coverage is available in accordance with the federal Affordable Care Act as in effect as of January 1, 2019.

Part C of Public Law 2019, chapter 5 adopts nondiscrimination provisions consistent with similar requirements in federal law and rule.

Part D of Public Law 2019, chapter 5 makes changes to current requirements in state law related to mental health

