

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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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

following areas: skills assessment and evaluation; counselor development; management and administration; and professional responsibility; and

3. Has completed 1000 hours of practice in alcohol and drug counseling under the person's qualifying license or has work experience in treating co-occurring mental health and substance use disorders and at least three years of experience supervising clinicians in treatment programs for individuals with co-occurring mental health and substance use disorders.

The law also authorizes individuals already licensed as alcohol and drug counselors to become certified clinical supervisors. For those individuals, the law provides that the minimum qualifications for licensing are 24 hours of training in clinical supervision with at least 6 hours of training in each of the following areas: skills assessment and evaluation; counselor development; management and administration; and professional responsibility.

**LD 242 An Act To Amend the Laws Governing Multiple-party Accounts with
Financial Institutions**

**PUBLIC 1
EMERGENCY**

| <u>Sponsor(s)</u> | <u>Committee Report</u> | <u>Amendments Adopted</u> |
|-------------------|-------------------------|---------------------------|
| SANBORN H | OTP | |

This bill suspends until July 1, 2019 the requirement that at the time a multiple-party account is established or at the time a single-party account is converted to a multiple-party account with a financial institution, the document establishing the account or adding another party include for each party to the account a question regarding whether that party intends for the sum remaining upon that party's death to belong to the surviving party or parties.

Enacted Law Summary

Public Law 2019, chapter 1 suspends until July 1, 2019 the requirement that at the time a multiple-party account is established or at the time a single-party account is converted to a multiple-party account with a financial institution, the document establishing the account or adding another party include for each party to the account a question regarding whether that party intends for the sum remaining upon that party's death to belong to the surviving party or parties.

Public Law 2019, chapter 1 was enacted as an emergency measure effective March 7, 2019.

**LD 249 An Act To Ensure Protection of Patients in Medical Reviews by Health
Insurance Carriers**

PUBLIC 171

| <u>Sponsor(s)</u> | <u>Committee Report</u> | <u>Amendments Adopted</u> |
|-----------------------|-------------------------|---------------------------|
| GRATWICK G PERRY A | OTP-AM | S-107 |

This bill requires that a health insurance carrier's medical reviews, including utilization reviews and case management, be conducted by a health care practitioner who is board certified and in active medical practice in the same specialty as typically manages the medical condition, procedure or treatment under review.

Committee Amendment "A" (S-107)

This amendment replaces the bill. The amendment requires that appeals of a health insurance carrier's adverse health care treatment decision be conducted by a licensed health care practitioner who is board certified in the same or similar specialty as typically manages the medical condition, procedure or treatment under review and whose compensation does not directly or indirectly depend upon the quantity, type or cost of the medical condition,