

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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REP. H. SCOTT LANDRY, JR.*

STAFF:

COLLEEN MCCARTHY REID, SR. LEGISLATIVE ANALYST
OFFICE OF POLICY AND LEGAL ANALYSIS
13 STATE HOUSE STATION
AUGUSTA, ME 04333
(207) 287-1670
<http://legislature.maine.gov/opla/>

*Committee member for a portion of the session

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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

This bill provides for pharmacist substitution of interchangeable biological products for prescribed biological products in a manner similar to the current regulation of generic drug substitution. The bill defines "biological product" and "interchangeable biological product."

Enacted Law Summary

Public Law 2019, chapter 34 provides for pharmacist substitution of interchangeable biological products for prescribed biological products in a manner similar to the current regulation of generic drug substitution. The law also defines "biological product" and "interchangeable biological product."

LD 688 An Act To Set Maine Dental Provider Licensing Fees

PUBLIC 92

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MASTRACCIO A	OTP-AM	H-112

This bill provides that the total fee for a dental hygienist license, together with any additional authorities, may not exceed \$150.

Committee Amendment "A" (H-112)

This amendment replaces the bill and clarifies the maximum licensing fees for dental providers. The amendment provides that the maximum fee for an initial license or a license renewal for a dentist and for a sedation permit is \$1,000 and that the maximum fee for an initial license or a license renewal for a dental hygienist is \$200; otherwise the maximum fee of \$550 for any one purpose under current law continues to apply.

Enacted Law Summary

Public Law 2019, chapter 92 provides that the maximum fee for an initial license or a license renewal for a dentist and for a sedation permit is \$1,000 and that the maximum fee for an initial license or a license renewal for a dental hygienist is \$200; otherwise the maximum fee of \$550 for any one purpose under current law continues to apply.

LD 705 An Act Regarding the Process for Obtaining Prior Authorization for Health Insurance Purposes

PUBLIC 273

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
GRATWICK G HYMANSON P	OTP-AM	S-175

This bill amends the prior authorization process for health insurance carriers. It reduces the time frame for a carrier's response to a prior authorization request and it exempts medication-assisted treatment for opioid use disorder from prior authorization requirements.

The bill also requires a health insurance carrier to develop an electronic transmission system for prior authorization of prescription drug orders by January 1, 2020 and for medical services by July 1, 2020.

Committee Amendment "A" (S-175)

This amendment replaces the bill. The amendment does the following to amend the prior authorization process for health insurance carriers.

1. It reduces the time frame for a carrier's response to a prior authorization request from 2 business days to 72

Joint Standing Committee on Health Coverage, Insurance and Financial Services

hours or 2 business days, whichever is less, and clarifies that the same time frame for a response applies in instances when a carrier requests additional information or requires outside consultation. It also provides that a request for prior authorization is granted if a carrier fails to respond within the required time frames.

2. It clarifies a provision in existing law to reflect the change in time frame.
3. It prohibits a carrier from requiring prior authorization for medication-assisted treatment for opioid use disorder for the prescription of at least one drug for each type of medication used in medication-assisted treatment, except that a carrier may not require prior authorization for medication-assisted treatment for opioid use disorder for a pregnant woman.
4. It requires a health insurance carrier to develop an electronic transmission system for prior authorization of prescription drug orders by January 1, 2020.
5. It requires health insurance carriers to report, no later than January 1, 2020, to the Joint Standing Committee on Health Coverage, Insurance and Financial Services on efforts to develop standards for secure electronic transmission of prior authorization requests. It also authorizes the committee to report out legislation to the Second Regular Session of the 129th Legislature related to the electronic transmission of prior authorization requests for medical services.
6. It directs the Department of Professional and Financial Regulation, Bureau of Insurance to amend its rules regarding health plan accountability to conform to the statutory changes and designates those rules as routine technical.

Enacted Law Summary

Public Law 2019, chapter 273 does the following to amend the prior authorization process for health insurance carriers.

1. It reduces the time frame for a carrier's response to a prior authorization request from 2 business days to 72 hours or 2 business days, whichever is less, and clarifies that the same time frame for a response applies in instances when a carrier requests additional information or requires outside consultation. It also provides that a request for prior authorization is granted if a carrier fails to respond within the required time frames.
2. It clarifies a provision in existing law to reflect the change in time frame.
3. It prohibits a carrier from requiring prior authorization for medication-assisted treatment for opioid use disorder for the prescription of at least one drug for each type of medication used in medication-assisted treatment, except that a carrier may not require prior authorization for medication-assisted treatment for opioid use disorder for a pregnant woman.
4. It requires a health insurance carrier to develop an electronic transmission system for prior authorization of prescription drug orders by January 1, 2020.
5. It requires health insurance carriers to report, no later than January 1, 2020, to the Joint Standing Committee on Health Coverage, Insurance and Financial Services on efforts to develop standards for secure electronic transmission of prior authorization requests. It also authorizes the committee to report out legislation to the Second Regular Session of the 129th Legislature related to the electronic transmission of prior authorization requests for medical services.
6. It directs the Department of Professional and Financial Regulation, Bureau of Insurance to amend its rules

regarding health plan accountability to conform to the statutory changes and designates those rules as routine technical.

LD 815 An Act To Regulate the Issuance of Short-term, Limited-duration Health Insurance Policies in the State ONTP

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

This bill limits the issuance of short-term, limited-duration individual health insurance policies in this State to policies with a term that is three months or less and further restricts an insurer or the insurer's agent or broker from issuing a short-term, limited-duration policy that replaces a prior short-term, limited-duration policy if the combined term of the new policy and all prior successive policies exceeds three months in any 12-month period.

The bill also requires that insurers make specific written disclosures related to the terms and benefits of the policies in at least 14-point type, including the types of benefits and consumer protections that are and are not included in the policies.

The requirements of the bill apply to policies issued or renewed in this State on or after January 1, 2020.

See related bill, LD 1260.

LD 820 An Act To Prevent Discrimination in Public and Private Insurance Coverage for Pregnant Women in Maine PUBLIC 274

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MCCREIGHT J VITELLI E	OTP-AM ONTP	H-210 S-275 BREEN C

This bill requires the Department of Health and Human Services to provide coverage to a MaineCare member for abortion services. The bill provides that abortion services that are not approved Medicaid services must be funded by the State. The bill also directs the Department of Health and Human Services to adopt rules no later than March 1, 2020.

The bill also requires that health insurance carriers that provide coverage for maternity services also provide coverage for abortion services.

The bill applies this requirement to all health insurance policies and contracts issued or renewed on or after January 1, 2020, except for those religious employers granted an exclusion of coverage. The bill authorizes the Superintendent of Insurance to grant an exemption from the requirements if enforcement of the requirements would adversely affect the allocation of federal funds to the State.

Committee Amendment "A" (H-210)

This amendment is the majority report of the committee. The amendment adds language exempting the provisions of the bill from the provisions of the Maine Revised Statutes, Title 24-A, section 2752. The amendment reallocates the section of the bill requiring the Department of Health and Human Services to pay for abortion services for MaineCare members and adds language to authorize the department to adopt rules using the emergency rule-making provisions of the Maine Administrative Procedure Act.