

# MAINE STATE LEGISLATURE

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**STATE OF MAINE**  
129<sup>TH</sup> 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

129<sup>TH</sup> 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 129<sup>th</sup> 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 129<sup>th</sup> 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 adds a provision in the individual and group life insurance and health insurance and health maintenance organization provisions in the Maine Insurance Code that prohibits the inclusion or enforcement of a contract provision allowing the insurer sole or absolute discretion to interpret the terms of the insurance contract.

### **Committee Amendment "A" (S-89)**

This amendment replaces the bill. The amendment prohibits the inclusion or enforcement of a contract provision in individual and group disability income insurance policies allowing the insurer sole or absolute discretion to interpret the insurance contract.

### **Enacted Law Summary**

Public Law 2019, chapter 179 prohibits the inclusion or enforcement of a contract provision in individual and group disability income insurance policies allowing the insurer sole or absolute discretion to interpret the insurance contract.

### **LD 1105      An Act To Allow Acupuncture Detoxification Specialists To Administer an Auricular Acupuncture Treatment for Substance Use and Co-occurring Disorders      PUBLIC 269**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
PERRY A CLAXTON N	OTP-AM	H-337

This bill directs the Department of Professional and Financial Regulation, Board of Complementary Health Care Providers to license acupuncture detoxification specialists and establishes standards for the provision of auricular acupuncture detoxification. The bill directs the board to adopt rules to implement the requirements.

### **Committee Amendment "A" (H-337)**

This amendment replaces the bill and directs the Department of Professional and Financial Regulation, Board of Complementary Health Care Providers to license acupuncture detoxification specialists. The amendment also establishes standards for the provision of auricular acupuncture detoxification.

### **Enacted Law Summary**

Public Law 2019, chapter 269 directs the Department of Professional and Financial Regulation, Board of Complementary Health Care Providers to license acupuncture detoxification specialists. The law also establishes standards for the provision of auricular acupuncture detoxification.

### **LD 1138      An Act To Ensure Health Insurance Coverage for Treatment for Childhood Postinfectious Neuroimmune Disorders Including Pediatric Autoimmune Neuropsychiatric Disorders Associated with Streptococcal Infections and Pediatric Acute-onset Neuropsychiatric Syndrome      CARRIED OVER**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
BAILEY D DESCHAMBAULT S		

This bill requires health insurance coverage for treatment of childhood postinfectious neuroimmune disorders, a group of medical conditions that includes autoinflammatory encephalopathic conditions including pediatric autoimmune neuropsychiatric disorders associated with streptococcal infections and pediatric acute-onset

## *Joint Standing Committee on Health Coverage, Insurance and Financial Services*

neuropsychiatric syndrome. The treatments authorized include certain treatments described as the standard of care in a series of articles in the 2017 Journal of Child and Adolescent Psychopharmacology, Volume 27, Number 7. The requirements apply to all individual and group policies and contracts issued or renewed on or after January 1, 2020.

Pursuant to Maine Revised Statutes, Title 24-A, Section 2752, the committee referred this bill to the Bureau of Insurance for review and evaluation of the financial impact, social impact and medical efficacy of the mandated health benefit proposal. This bill was carried over to any special or regular session, or both, of the 129th Legislature by joint order, H.P. 1322.

### **LD 1155      An Act To Protect Patients and the Prudent Layperson Standard**

**PUBLIC 238**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
GIDEON S FOLEY R	OTP-AM	H-372

This bill establishes a definition of "emergency medical condition" in the law governing utilization review in the Maine Insurance Code and makes clear that the determination of an emergency medical condition relies on the prudent layperson standard regardless of the final diagnosis that is given. The bill also prohibits a carrier from requiring prior authorization for emergency services and requires that utilization review of benefit determinations for emergency services be conducted by a clinical peer, who is a licensed provider in the same or similar specialty as typically manages the medical condition, procedure or treatment under review.

#### **Committee Amendment "A" (H-372)**

This amendment makes several changes to the bill, as follows.

1. It removes the reference to inadequately controlled pain and uses the phrase "severe pain" to maintain consistency with the definition used in the federal Patient Protection and Affordable Care Act.
2. It clarifies the definition of "emergency service" so that it applies to services provided in an emergency setting or facility and makes other changes to maintain consistent language within the definition.
3. It removes the reference to prior authorization for emergency services in section 2 of the bill because it is redundant with changes made in section three.
4. It clarifies that before a carrier denies benefits or reduces payment for an emergency service based on a determination of the absence of an emergency medical condition or a determination that a lower level of care was needed, the carrier's utilization review must be done by a board-certified emergency physician who is licensed in this State and that the review must include a review of the enrollee's medical record related to the emergency medical condition subject to dispute.
5. It provides that any rules adopted by the Department of Professional and Financial Regulation, Bureau of Insurance to amend current rules to conform to changes made in this legislation are routine technical rules.

#### **Enacted Law Summary**

Public Law 2019, chapter 238 establishes a definition of "emergency medical condition" and "emergency service" in the law governing utilization review in the Maine Insurance Code and makes clear that the determination of an emergency medical condition relies on the prudent layperson standard regardless of the final diagnosis that is given. The law clarifies the definition of "emergency service" so that it applies to services provided in an emergency setting or facility and makes other changes to maintain consistent language within the definition.