

# 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*

a summary of plan benefits, limits and exclusions in a standardized format, information about the circumstances in which covered benefits may be subject to balance billing and examples of how charges may be applied toward any cost sharing under the policy and billed to the individual policyholder, and a comparison of the short-term, limited-duration policy to a qualified health plan in the terms, benefits and conditions of the policy, any exclusions, medical loss ratio requirements or the provisions of guaranteed renewal and continuity of coverage. It also requires an insurer to make the documents and information required to be disclosed to be made available on the insurer's publicly accessible website.

3. It prohibits a short-term, limited-duration policy from being actively marketed or sold during any open enrollment period except for a policy that terminates coverage on December 31st.

4. It restricts the sale of short-term, limited-duration policies to in-person encounters with an insurer or an insurer's agent or broker.

5. It requires that an insurer or an insurer's agent or broker, upon offering an individual short-term, limited-duration policy for purchase, assess an individual making an application for eligibility for an advanced premium tax credit or cost-sharing reduction for coverage under a qualified health plan purchased on the exchange pursuant to the federal Patient Protection and Affordable Care Act and provide an estimate of the cost for coverage under a qualified health plan after applying any advanced premium tax credit or cost-sharing reduction.

6. It requires the Department of Professional and Financial Regulation, Bureau of Insurance to issue, no later than 30 days following the effective date of this legislation, a bulletin related to short-term, limited-duration health insurance policies describing the statutory requirements for the policies, including the requirements enacted in this legislation and the required mandated benefits applicable to all short-term, limited-duration policies.

The requirements of Public Law 2019, chapter 330 apply to policies issued or renewed in this State on or after January 1, 2020.

**LD 1261 An Act To Authorize Certain Health Care Professionals To Perform Abortions**

**PUBLIC 262**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
GIDEON S SANBORN H	OTP ONTP	

This bill allows a physician assistant or an advanced practice registered nurse licensed as such in this State to perform abortions, in addition to a licensed allopathic or osteopathic physician.

**Enacted Law Summary**

Public Law 2019, chapter 262 allows a physician assistant or an advanced practice registered nurse licensed as such in this State to perform abortions, in addition to a licensed allopathic or osteopathic physician.

**LD 1263 An Act Regarding Telehealth**

**PUBLIC 289**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
GRATWICK G TALBOT ROSS R	OTP-AM ONTP	S-176

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

This bill does the following.

1. It provides immunity from liability to health care practitioners who voluntarily provide health care services through telehealth in the same manner as immunity is provided to health care practitioners who voluntarily provide health care services in person.
2. It requires carriers that offer health plans in this State to provide coverage for health care services provided through telehealth services in the same manner as coverage is provided for services provided in person and sets forth certain standards for coverage of telehealth services.
3. It clarifies that carriers may apply prior approval and credentialing requirements for providers for services provided through telehealth services only if the requirements are the same as are applied for services provided in person.
4. It makes the bill's provisions apply to health insurance policies issued or renewed on or after January 1, 2020.

### **Committee Amendment "A" (S-176)**

This amendment does the following.

1. It strikes the references in the bill to "enrollee originating site" and "provider distant site" and removes those definitions.
2. It requires that a clinical evaluation be required before a provider may write a covered prescription through telehealth. The bill requires a physical exam.
3. It removes the prohibition for coverage of prescribed schedule I, II or III controlled substances.
4. It clarifies the telemonitoring requirements and provides that telephonic services are covered when scheduled telehealth services are technologically unavailable at the time of the scheduled telehealth service for an existing enrollee.
5. It removes the exclusions section of the bill.
6. It adds language exempting the bill from the provisions of the Maine Revised Statutes, Title 24-A, section 2752.

### **Enacted Law Summary**

Public Law 2019, chapter 289 does the following.

1. It provides immunity from liability to health care practitioners who voluntarily provide health care services through telehealth in the same manner as immunity is provided to health care practitioners who voluntarily provide health care services in person.
2. It requires carriers that offer health plans in this State to provide coverage for health care services provided through telehealth services in the same manner as coverage is provided for services provided in person and sets forth certain standards for coverage of telehealth services.
3. It clarifies that carriers may apply prior approval and credentialing requirements for providers for services provided through telehealth services only if the requirements are the same as are applied for services provided in person.

