

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

member has a conflict of interest because of a relationship with, or compensation from, a pharmaceutical manufacturer, developer, labeler, wholesaler or distributor.

10. It requires a carrier to maintain certain records related to the administration and provision of prescription drug benefits under a health plan and authorizes the carrier to audit those activities. The law also authorizes the superintendent to have access to records upon request.

11. If a carrier uses a pharmacy benefits manager to administer or manage prescription drug benefits provided for the benefit of covered persons, it provides that any pharmacy benefits manager compensation constitutes an administrative cost incurred by a carrier for purposes of calculating the anticipated loss ratio. "Pharmacy benefits manager compensation" is defined in the law as the difference between the value of payments made by a carrier of a health plan to its pharmacy benefits manager and the value of payments made by the pharmacy benefits manager to dispensing pharmacists for the provision of prescription drugs or pharmacy services with regard to pharmacy benefits covered by the health plan.

12. It clarifies that the definition of "carrier" does not include a multiple-employer welfare arrangement if the multiple-employer welfare arrangement contracts with a 3rd-party administrator to manage and administer health benefits, including benefits for prescription drugs.

The provisions in Public Law 2019, chapter 469 take effect January 1, 2020.

LD 1582 An Act Relating to Surgical Technologists and the Practice of Surgical Technology

ONTP

Sponsor(s)

NADEAU C
VITELLI E

Committee Report

ONTP

Amendments Adopted

Surgical technologists are individuals with specialized education who function as members of a surgical team by providing support during every phase of a surgical case. This bill requires health care facilities to employ or contract with only certified surgical technologists for this function. A surgical technologist who is not certified, but who is practicing surgical technology on the effective date of this legislation, may continue in that employment after the effective date. After the effective date, a health care facility may hire a noncertified surgical technologist who is a recent graduate, but the individual is required to obtain certification within 6 months of graduation in order to remain employed. Further, a critical access hospital may employ a noncertified surgical technologist if that facility is unable to recruit certified personnel and maintains a record detailing its recruitment efforts. All employed surgical technologists, regardless of certification status, must meet stated continuing education requirements. Nothing in the bill prohibits a licensed practitioner from performing surgical technology duties that fall within the scope of that person's license.

LD 1591 An Act To Provide Access to Health Care for Maine Citizens

CARRIED OVER

Sponsor(s)

BRENNAN M

Committee Report

Amendments Adopted

This bill specifies that the base year for the hospital tax imposed under the Maine Revised Statutes, Title 36, section 2892 is 2018. It directs the Department of Health and Human Services to submit a plan to the Joint Standing Committee on Health and Human Services regarding how the additional state revenue resulting from that change can be used for the Medicare Buy-in Program and for subsidies under the federal Patient Protection and Affordable

Joint Standing Committee on Health Coverage, Insurance and Financial Services

Care Act.

Current law provides that each hospital may voluntarily hold its consolidated operating margin to no more than 3% and its increase in its expense per casemix-adjusted inpatient and volume-adjusted outpatient discharge to no more than 110% of the forecasted increase in the hospital market basket index for the coming federal fiscal year. The bill does not change those percentages but requires the Department of Health and Human Services to annually establish recommended percentages for each hospital.

The bill requires the Department of Health and Human Services, in consultation with relevant other state agencies, federal agencies and interested parties, to design a wholesale prescription drug importation program. It requires the department to submit the design for the wholesale prescription drug importation program to the Joint Standing Committee on Health Coverage, Insurance and Financial Services and authorizes the committee to report out a bill to the Second Regular Session of the 129th Legislature.

This bill was carried over to any special or regular session, or both, of the 129th Legislature by joint order, H.P. 1322.

LD 1599 An Act To Allow Certain State Regulators To Lower Fees by Order

**Accepted Majority
(ONTP) Report**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
KESCHL D HAMPER J	ONTP OTP-AM	

This bill authorizes the Superintendent of Insurance, the Superintendent of Consumer Credit Protection, the Superintendent of Financial Institutions and the Director of the Office of Professional and Occupational Regulation to lower or suspend certain fees specified in law by order.

Committee Amendment "A" (H-371)

This amendment, which is the minority report of the committee, incorporates a fiscal note.

This amendment was not adopted.

LD 1611 An Act To Support Universal Health Care

CARRIED OVER

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
BROOKS H BELLOWS S		

This bill establishes the Maine Health Plan to provide universal health care coverage to all residents of this State. The bill is modeled on proposed legislation considered in Minnesota.

This bill was carried over to any special or regular session, or both, of the 129th Legislature by joint order, H.P. 1322.