

# MAINE STATE LEGISLATURE

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**STATE OF MAINE**  
129<sup>TH</sup> LEGISLATURE  
FIRST SPECIAL AND SECOND REGULAR SESSIONS



Summaries of bills, adopted amendments and laws enacted or finally passed

**JOINT STANDING COMMITTEE ON HEALTH COVERAGE,  
INSURANCE AND FINANCIAL SERVICES**

November 2020

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# STATE OF MAINE

129<sup>TH</sup> LEGISLATURE  
FIRST REGULAR SESSION



## 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, which had been voted but not yet reported out of committee, was carried over in committee to any special session of the 129th Legislature by joint order, S.P. 788.

### **LD 1613 An Act Regarding Women's Health and Economic Security**

**CARRIED OVER**

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

This bill was carried over in committee from the First Regular Session of the 129th Legislature by joint order, H.P. 1322.

This bill, which is a concept draft pursuant to Joint Rule 208, proposes to enact measures designed to support the health and economic security of women in the State.

This bill, which had been voted but not yet reported out of committee, was carried over in committee to any special session of the 129th Legislature by joint order, S.P. 788.

### **LD 1617 An Act To Create a Single-payer Health Care Program in Maine**

**ONTP**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
SYLVESTER M BELLOWS S	ONTP	

This bill was carried over in committee from the First Regular Session of the 129th Legislature by joint order, H.P. 1322.

This bill establishes a single-payer health care program in the State that provides health care services for Maine residents. The bill directs the Department of Health and Human Services to consult with the Department of Labor and the Department of Professional and Financial Regulation, Bureau of Insurance to develop the program. The bill requires the State to implement the program in three phases, based on income, beginning in 2022 for those residents not eligible for the MaineCare program. The bill also creates the Single-payer Implementation Task Force to advise the departments and make recommendations to fully implement the single-payer health care program. The program may not be implemented in 2022 without prior legislative approval.

### **LD 1650 An Act To Strengthen Consumer Protections in Health Care**

**CARRIED OVER**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
TIPPING R SANBORN L		

This bill was carried over in committee from the First Regular Session of the 129th Legislature by joint order, H.P. 1322.

This bill makes changes to the rating provisions for individual and small group health insurance plans to reduce the rating band for age and to require that the ratio on the basis of geographic area is 1.5 to 1 and that the ratio for age

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

and geographic area may not exceed 2.5. The changes in the bill reinstate the rating provisions in place before the enactment of Public Law 2011, chapter 90.

This bill, which had been voted but not yet reported out of committee, was carried over in committee to any special session of the 129th Legislature by joint order, S.P. 788.

**LD 1660 An Act To Improve Access to Physician Assistant Care**

**PUBLIC 627  
EMERGENCY**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
SANBORN L STEWART T	OTP-AM	S-432 S-444 SANBORN L

This bill was carried over in committee from the First Regular Session of the 129th Legislature by joint order, H.P. 1322.

This bill makes the following changes to the laws governing the licensing and scope of practice of physician assistants.

1. It increases the membership of the Board of Osteopathic Licensure and the Board of Licensure in Medicine from 10 to 11 members by changing the number of members on each board who are physician assistants from one member to two members.
2. It establishes provisions for the scope of practice, insurance coverage of services and immunity from liability for providing volunteer medical services during emergencies or disasters and clarifies that physician assistants are primary care providers when practicing in a medical specialty required for a physician to be a primary care provider.
3. It removes registration and physician supervisory requirements.
4. It establishes requirements for physician assistant collaboration and consultation with physicians and other health care professionals.
5. It changes the initial licensing fee from \$250 to \$300.
6. It provides a transition provision for physician assistant licenses that are current and not subject to disciplinary action.

**Committee Amendment "A" (S-432)**

This amendment replaces the bill and does the following.

In Part A, the amendment requires health insurance carriers to allow physician assistants to serve as primary care providers under managed care plans. It also specifies that carriers are required to provide coverage for services provided by physician assistants if those services are within a physician assistant's scope of practice and are covered services under a health plan and makes that provision applicable to contracts issued or renewed on or after January 1, 2021.

In Part B, the amendment makes the following changes to the laws governing the licensing and scope of practice of physician assistants.

1. It increases the membership of the Board of Osteopathic Licensure and the Board of Licensure in Medicine from 10 to 11 members by changing the number of members on each board who are physician assistants from one