

MAINE STATE LEGISLATURE

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STATE OF MAINE
129TH 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

129TH 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 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

Enacted Law Summary

Public Law 2019, chapter 669 makes a retired employee of an academy approved for tuition purposes in accordance with the Maine Revised Statutes, Title 20-A, sections 2951 to 2955 eligible for coverage under the group health plan available to state employees and other eligible persons.

Public Law 2019, chapter 669 was enacted as an emergency measure effective March 18, 2020.

LD 2110 An Act To Lower Health Care Costs

CARRIED OVER

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
JACKSON T GIDEON S	OTP-AM	S-441

This bill establishes the Maine Commission on Affordable Health Care to monitor health care spending growth in the State and also set health care quality benchmarks. The bill also requires the commission to establish health care spending targets for public payors, including separate targets for prescription drugs.

Committee Amendment "A" (S-441)

This amendment replaces the bill.

The amendment establishes the Office of Affordable Health Care within the Legislature. The office is charged with analyzing data from the Maine Health Data Organization and the Maine Quality Forum and making recommendations to the joint standing committee of the Legislature having jurisdiction over health coverage matters on methods to improve the cost-efficient provision of high-quality health care to the residents of this State. The office is required to hold an annual public hearing on cost trends no later than October 1st annually at which the public may comment on health care cost trends. The office is required to submit an annual report.

The office is independent and nonpartisan, and the legislative committee and an advisory council provide advice on matters affecting health care costs in the State. The advisory council consists of eight appointed members, including a member who represents hospital interests, a member who represents primary care provider interests, a member who represents a health care consumer advocacy organization, a member who represents health insurance interests, a member who represents purchasers of health care, a member who represents the health care workforce, a member who represents the interests of older residents of this State and a member with demonstrated expertise in health care delivery, health care management at a senior level or health care finance and administration. The Commissioner of Administrative and Financial Services and the Commissioner of Health and Human Services are ex officio members of the advisory council.

This bill was carried over on the Special Appropriations Table to any special session of the 129th Legislature by joint order, S.P. 788.

LD 2111 An Act To Establish Patient Protections in Billing for Health Care

PUBLIC 670
EMERGENCY

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
CLAXTON N TEPLER D	OTP-AM	H-781 MOONEN M S-442

Joint Standing Committee on Health Coverage, Insurance and Financial Services

This bill makes the following changes.

1. The bill requires health care entities, which includes health care practitioners and facilities, to disclose the average cost in the State for the service for which a patient has been scheduled and the entities offering the service at the highest and lowest rates in the State if the patient has been scheduled or referred for one of the 25 highest cost services or procedures.
2. The bill requires health care entities to disclose that a health care facility use fee will be charged and identify that fee separately on any bill provided to a patient.
3. The bill prohibits a health care entity from charging a patient when a billing statement has not been provided within six months of the date the patient received the services.
4. The bill requires a health care entity to disclose to a federal Medicare patient who is on observation status that the patient's observation status may increase the patient's out-of-pocket costs associated with a stay at a health care entity and the estimated increase in the patient's out-of-pocket costs.
5. The bill provides that a carrier must require a provider receiving a referral to disclose to the patient whether the provider is an out-of-network provider.
6. The bill prohibits a health insurance carrier from charging any fee for the transfer of a patient between providers or for the transfer of patient records between providers unless the fee is disclosed and directly related to the costs associated with making that transfer of the patient or the patient's medical records.

Committee Amendment "A" (S-442)

This amendment replaces the bill and makes the following changes.

1. It requires a health care entity to disclose to a federal Medicare patient who is on observation status in a single notice the required disclosure of that status required by federal Medicare rules, that the patient's observation status may have an impact on the patient's financial liability and that the patient may meet with a representative from the health care entity's financial office to discuss the patient's potential financial liability.
2. It requires that a provider receiving a nonemergency referral disclose to the patient whether the provider is an out-of-network provider.
3. It prohibits a health care entity from charging any fee for the transfer of a patient between providers or for the transfer of patient records between providers unless the fee is disclosed and directly related to the costs associated with making that transfer of the patient or the patient's medical records.

House Amendment "A" To Committee Amendment "A" (H-781)

This amendment adds an emergency preamble and an emergency clause to the bill.

Enacted Law Summary

Public Law 2019, chapter 670 requires a health care entity to disclose to a federal Medicare patient who is on observation status in a single notice the required disclosure of that status required by federal Medicare rules, that the patient's observation status may have an impact on the patient's financial liability and that the patient may meet with a representative from the health care entity's financial office to discuss the patient's potential financial liability.

The law requires that a provider receiving a nonemergency referral disclose to the patient whether the provider is an out-of-network provider.

Joint Standing Committee on Health Coverage, Insurance and Financial Services

The law prohibits a health care entity from charging any fee for the transfer of a patient between providers or for the transfer of patient records between providers unless the fee is disclosed and directly related to the costs associated with making that transfer of the patient or the patient's medical records.

Public Law 2019, chapter 670 was enacted as an emergency measure effective March 18, 2020.

LD 2116 An Act To Improve Prescription Information Access

ONTP

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
CRAVEN M SANBORN L	ONTP	

This bill requires a two-dimensional machine-scannable barcode that allows a patient to digitally access prescription information to appear on the prescription label. It also makes a clarifying technical correction.

LD 2133 An Act To Implement Recommendations for Review of the Licensing Laws for Certain Licensed Health Professionals Pursuant to the State Government Evaluation Act

CARRIED OVER

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

This bill was reported out by the Joint Standing Committee on Health Coverage, Insurance and Financial Services pursuant to the Maine Revised Statutes, Title 3, section 955, subsection 4.

The bill implements recommendations related to the committee's review of the Board of Licensure in Medicine, the Board of Osteopathic Licensure, the State Board of Nursing, the State Board of Optometry and the Board of Dental Practice.

The bill directs each board, in consultation with interested parties, to review the licensing laws and rules for the board and to recommend changes to update those laws and rules no later than February 15, 2021. The bill authorizes the joint standing committee of the Legislature having jurisdiction over health coverage, insurance and financial services matters to report out a bill to the First Regular Session of the 130th Legislature based on the board's recommendations.

The committee reported the bill out for the sole purpose of turning the recommendations into a printed bill that could be referred to the committee for an appropriate public hearing and subsequent processing in the normal course. The committee took this action to ensure clarity and transparency in the legislative review of this bill.

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.