

MAINE STATE LEGISLATURE

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STATE OF MAINE
130TH LEGISLATURE
SECOND REGULAR SESSION



Disposition of bills and summaries of all laws enacted or finally passed

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

July 2022

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

LD 1003 An Act to Improve Outcomes for Persons with Limb Loss

ENACTED LAW SUMMARY

Public Law 2021, chapter 741 requires a health insurance carrier to provide coverage to enrollees under 18 years of age for a prosthetic device designed to meet an enrollee’s medical needs for recreational purposes. Under current law, health insurance carriers are required to provide coverage for a prosthetic device designed to meet an enrollee’s medical needs. The requirement applies to all health plans issued or renewed on or after January 1, 2024.

The law requires carriers to report to the Superintendent of Insurance on their claims experience with providing the covered services after four years, and the superintendent is required to report to the joint standing committee of the Legislature having jurisdiction over health coverage and insurance matters.

The law also includes language stating the Legislature’s finding that the changes are not an addition to the State’s essential health benefits that would require the State to defray costs pursuant to the federal Patient Protection and Affordable Care Act.

LD 1196 An Act Regarding Reporting on Spending for Behavioral Health Care Services and To Clarify Requirements for Credentialing by Health Insurance Carriers

ENACTED LAW SUMMARY

Public Law 2021, chapter 603 requires the Maine Quality Forum to submit an annual report, beginning January 15, 2023, for behavioral health care spending based on claims data reported to the Maine Health Data Organization and information on methods of reimbursement reported by insurers. Under current law, the Maine Quality Forum has been required to submit an annual report on primary care spending since 2020.

The law also makes changes to the process used by health insurance carriers to credential a health care provider as a member of a carrier’s provider network. The law requires health insurance carriers to make all credentialing decisions on a completed application within 60 days and requires an insurance carrier to notify a health care provider if an application is incomplete and needs correction within 30 days of initial receipt of an application. A carrier that is unable to make a credentialing decision on a completed credentialing application within the 60-day period must notify the Department of Professional and Financial Regulation, Bureau of Insurance in writing prior to the expiration of the 60-day period on that application and request authorization for an extension on that application. A carrier that requests an extension must also submit to the bureau an explanation of the reasons why the credentialing decision on an application is taking longer than is permitted or, if the problem is not specific to a particular application, a written remediation plan to bring the carrier’s credentialing practices in line with the 60-day limit.

The law also requires the Bureau of Insurance to review the requirements in Bureau of Insurance rule Chapter 850, Health Plan Accountability, related to the verification of information on

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credentialing applications from health care practitioners and determine whether amendments must be made to the requirements for carriers to verify certain information on a credentialing application in order to improve the ability of carriers to make a credentialing decision within the 60-day period without an impact on quality standards or accreditation standards.

LD 1266 An Act To Require Dental Plan Medical Loss Ratio Reporting and Review

ENACTED LAW SUMMARY

Public Law 2021, chapter 529 establishes a medical loss ratio reporting requirement for dental plans and requires the publication of carrier-specific annual loss ratio levels on the Department of Professional and Financial Regulation, Bureau of Insurance's publicly accessible website. The law also directs the bureau to calculate an aggregate average loss ratio by market segment over a three-year period to identify and review dental plans that have loss ratios that deviate from those averages. The law gives the bureau authority to order the filing of remediation plans for identified outliers.

The requirements apply to dental plans issued or renewed on or after January 1, 2023 but do not apply to self-insured plans or to individual or group dental plans for which the contract is issued outside of this State.

LD 1331 An Act To Make Individual and Small Group Health Insurance More Affordable in Certain High-premium Counties

ENACTED LAW SUMMARY

Public Law 2021, chapter 655 reduces the maximum rating factor for geographic area that may be used by health insurance carriers to determine individual and small group health insurance premiums to 1.25 for plan year 2024 and thereafter. Under current law, the maximum rating factor due to geographic area is 1.5.

The law also requires the Superintendent of Insurance to report to the Legislature, no later than December 1, 2023, on the difference in premium rates in each geographic rating area used by a carrier for plan years 2023 and 2024.

LD 1357 An Act To Clarify Health Insurance Coverage for Postpartum Care

ENACTED LAW SUMMARY

Public Law 2021, chapter 691 clarifies that maternity benefits provided by health insurance plans must include coverage for 12 months of postpartum care that meets the recommendations of the American College of Obstetricians and Gynecologists. The requirements apply to individual and group health plans issued or renewed on or after January 1, 2023.