

MAINE STATE LEGISLATURE

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STATE OF MAINE
131ST 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**

June 2024

STAFF:

COLLEEN MCCARTHY REID, PRINCIPAL ANALYST
OFFICE OF POLICY AND LEGAL ANALYSIS
13 STATE HOUSE STATION
AUGUSTA, ME 04333
(207) 287-1670
<http://legislature.maine.gov/opla>

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STATE OF MAINE

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LEGISLATIVE DIGEST OF BILLS AND SUMMARIES OF ENACTED LAWS

This *Legislative Digest of Bills and Summaries of Enacted Laws* provides the disposition of all LDs and summaries of all laws enacted or finally passed during the Second Regular Session of the 131st Maine Legislature. Please note that all LDs and proposed amendments may be found through the Legislature's webpage, and each includes a summary of what the bill or amendment proposed.

The *Legislative Digest of Bills and Summaries of Enacted Laws* is arranged alphabetically by committee. Within each committee section is a subject index of all LDs considered by that committee as well as a digest of the LDs, arranged by LD number. Also included are enacted law summaries of the LDs enacted or finally passed. Brief analyst notes on certain LDs are also included: a committee digest will indicate if additional notes are provided for an LD. These notes add information staff found useful and may provide useful information to users of this *Digest*; please note that most LDs do not have a note and lack of a note should not be interpreted as having any significance. A separate section of the *Digest* provides a digest of the relatively few LDs that were not referred to a committee or reported from a committee as a committee bill; enacted law summaries of the LDs enacted or finally passed are provided. Finally, an appendix provides a summary of relevant session statistics.

The final disposition of each LD is noted in the relevant summary digest and index. 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 Second Regular Session of the 131st Legislature is Friday, August 9, 2024. 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**

LD 796 An Act Concerning Prior Authorizations for Health Care Provider Services

ENACTED LAW SUMMARY

Public Law 2023, chapter 680 makes changes to the laws related to prior authorizations for health care provider services in health insurance plans.

In Part A, Public Law 2023, chapter 680 permits a health care provider that is actively treating an enrollee to act as an authorized representative of an enrollee for purposes of grievances and appeals of health insurance carrier decisions without requiring prior written authorization from the enrollee. The law does require that a provider actively treating an enrollee must notify an enrollee at least 14 days prior to filing a grievance or appeal and within seven days after filing a grievance or appeal or withdrawing a grievance or appeal and also permits an enrollee to affirmatively object to the provider's action.

The law requires carriers to allow prior authorization approvals to be effective for a two-week period before and after a specific date. It also prohibits carriers from denying claims for nonemergency services that were within the scope of the enrollee's coverage pending medical necessity review and prohibits carriers from imposing a penalty of more than 15% of the contractually allowed amount for the services that required prior authorization approval on the provider for failing to obtain a prior authorization.

The law prohibits carriers from making determinations of medical necessity based on whether those services are provided by participating or nonparticipating providers. The law also provides that, if a patient needs immediate post-evaluation or post-stabilization services, a carrier is prohibited from requiring prior authorization for those services provided during the same encounter. If post-evaluation or post-stabilization services necessitate inpatient care, a carrier is permitted to impose prior authorization for those services but carriers are required to respond to the prior authorization request within 24 hours. If the provider does not receive a determination from the carrier within 24 hours, the care is deemed approved until the carrier affirmatively notifies the provider otherwise.

The requirements of Part A apply to all policies, contracts or certificates executed, delivered, issued for delivery, continued or renewed on or after January 1, 2025.

Part B of Public Law 2023, chapter 680 requires health insurance carriers to report certain information related to prior authorization determinations and also requires the Department of Professional and Financial Regulation, Bureau of Insurance to annually report aggregate data for carriers, including posting information on the bureau's publicly accessible website.

Part B also requires the Superintendent of Insurance to collect data related to prior authorization determinations for calendar years 2021, 2022 and 2023 from health insurance carriers. It requires the superintendent to report this information to the joint standing committee of the Legislature having jurisdiction over health coverage, insurance and financial services matters no later than January 15, 2025 and authorizes the committee to report out legislation based on the report to the 132nd Legislature in 2025.