

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

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STATE OF MAINE

131ST LEGISLATURE
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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 1407 An Act to Amend the Maine Insurance Code Regarding Payments by Health Insurance Carriers to Providers

ENACTED LAW SUMMARY

Public Law 2023, chapter 574 makes the following changes to the Maine Insurance Code in the Maine Revised Statutes, Title 24-A.

1. It provides that a health insurance carrier may file notice of a proposed amendment to a calendar year provider agreement only four times per year on January 1st, April 1st, July 1st and October 1st, except for changes in response to a requirement of the State or Federal Government or due to a change in current procedural terminology codes used by the American Medical Association.
2. It requires a health insurance carrier in certain cases to include an estimate of any adverse financial impact on a participating provider as part of a notice of an amendment to a provider agreement if the change is to a reimbursement policy.
3. It requires a health insurance carrier to provide to the participating provider both a clean and a marked-up copy of the provider agreement, manual, policy or procedure document being changed.
4. It restricts the authority of a health insurance carrier in certain cases to retroactively deny a previously paid claim to no later than 36 months from the date of the claims payment.

LD 1498 An Act to Create a Liaison Program and Complaint Process Within the Bureau of Insurance for Independent Health Care Providers

ENACTED LAW SUMMARY

Public Law 2023, chapter 590 requires the Department of Professional and Financial Regulation, Bureau of Insurance to establish a liaison program to assist independent health care providers and to establish a process to receive and investigate provider complaints. The law limits the scope of certain services to be provided by the bureau to an independent health care practitioner or group of independent health care practitioners with six or fewer health care practitioners and does not include a health care practitioner or group of health care practitioners that is owned or operated, in whole or in part, by a hospital or health system.

Under the liaison program, the law requires the bureau to assist independent health care providers in obtaining information about health insurance laws and rules and to receive concerns regarding regulatory or compliance issues that may have a market-wide impact.

The law also requires the bureau to establish a process to receive and investigate complaints from independent health care providers regarding an alleged violation of any insurance law or rule and also authorizes the bureau to receive and investigate complaints from other providers. The law