

MAINE STATE LEGISLATURE

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STATE OF MAINE
132ND LEGISLATURE
FIRST REGULAR AND FIRST SPECIAL SESSIONS



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

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

August 2025

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

LD 1854 An Act to Require the Board of Counseling Professionals Licensure, Board of Dental Practice, Board of Speech, Audiology and Hearing, Board of Occupational Therapy Practice, State Board of Social Worker Licensure, Board of Osteopathic Licensure and Board of Licensure in Medicine to Obtain Fingerprint-based Federal Bureau of Investigation Criminal Background Checks for Initial Applicants and Licensees Seeking Compact Privileges

ENACTED LAW SUMMARY

Public Law 2025, chapter 366 requires the Department of Professional and Financial Regulation, Office of Professional and Occupational Regulation, Board of Counseling Professionals Licensure, Board of Dental Practice, Board of Speech, Audiology and Hearing, Board of Occupational Therapy Practice and State Board of Social Worker Licensure and the department-affiliated Board of Licensure in Medicine and Board of Osteopathic Licensure to obtain national and state fingerprint-based criminal history record information for certain applicants for initial licensure and licensure by endorsement and applicants seeking a compact privilege or multistate license pursuant to an interstate compact.

LD 1905 An Act Regarding the Authority of the Office of Professional and Occupational Regulation and the Licensing Boards and Commissions Within That Office to Pursue Complaints

ENACTED LAW SUMMARY

Public Law 2025, chapter 304 allows the Department of Professional and Financial Regulation, Office of Professional and Occupational Regulation, including any licensing boards or commissions within the office, to delegate to staff the authority to determine whether a pending complaint is not within the jurisdiction of the Department of Professional and Financial Regulation, Office of Professional and Occupational Regulation or the licensing boards or commissions within the office to enforce.

LD 1906 An Act to Improve Accountability and Understanding of Data in Insurance Transactions

ENACTED LAW SUMMARY

Public Law 2025, chapter 487 requires administrators and pharmacy benefits managers that provide health coverage or prescription drug coverage under a contract with a plan sponsor, including any person that offers health coverage or prescription drug coverage to its employees or members through a self-funded health benefit plan, to provide certain claims information to a plan sponsor upon request. The law also gives a plan sponsor the right to request an audit to ensure compliance with a contract at least once every calendar year as long as the request is at least six months after a previously requested audit.

Public Law 2025, chapter 487 also does the following.

**JOINT STANDING COMMITTEE ON
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1. It clarifies that claim forms or electronic claims transactions may be modified only as necessary to comply with the federal Health Insurance Portability and Accountability Act of 1996 and the federal Health Information Technology for Economic and Clinical Health Act of 2009.
2. It clarifies that data to be provided to a plan sponsor must be in the possession of the administrator or its agents.
3. It authorizes a plan sponsor to request information related to a high-cost claim that exceeds \$100,000 and provides that a high-cost claim is any claim that exceeds the threshold.
4. It requires a plan sponsor or its designee to request high-cost claims data within two business days of receiving the high-cost claim and requires an administrator to respond to a request within 30 business days.
5. It requires an administrator to provide claims data received by the administrator via electronic claims transactions.
6. It requires an administrator to provide itemized billing statements and medical records associated with specific high-cost claims if requested by a plan sponsor.
7. It specifies that a request for an audit must be made within 24 months of the end of each plan year to be audited and requires the plan sponsor to certify that its choice of auditor has adequate conflict of interest protection provisions to prevent conflicts of interest from adversely affecting the outcome of the audit.
8. It authorizes an administrator or pharmacy benefits manager to require that the plan sponsor and its auditor execute a nondisclosure and data use agreement that reasonably restricts the auditor's use of data to the sole purpose of conducting an audit on behalf of the plan sponsor. It also limits the amount of cybersecurity or liability insurance that can be required in the nondisclosure and data use agreement to no more than the administrator's or pharmacy benefits manager's limit of liability under the service agreement between the plan sponsor and the administrator or pharmacy benefits manager. It also states that an administrator or pharmacy benefits manager is not required to share data with an auditor that has previously breached a nondisclosure and data use agreement with that administrator or pharmacy benefits manager.
9. It provides that rebate amounts to be reported are those generated by claims processed through the plan administered by the pharmacy benefits manager.
10. It provides that an administrator or pharmacy benefits manager may not enter into any contract or network service agreement that would violate the provisions of this law.
11. It places the enforcement of the law's provisions exclusively with the Attorney General under the Maine Unfair Trade Practices Act.