

Joint Standing Committee on Health Coverage, Insurance and Financial Services
129th Legislature---2nd Regular Session
Brief Summary of Enacted Laws

LD	Law/Resolve	Title	Summary of Provisions
1660	Emergency Enacted as Public Law 2019, chapter 627; effective March 18, 2020	An Act To Improve Access to Physician Assistant Care	<p>Public Law 2019, chapter 627 makes changes to the laws governing the licensing, scope of practice and health insurance coverage of physician assistants.</p> <p>Part A of Public Law 2019, chapter 627 requires health insurance carriers to allow physician assistants to serve as primary care providers under managed care plans. It also specifies that carriers are required to provide coverage for services provided by physician assistants if those services are within a physician assistant's scope of practice and are covered services under a health plan and makes that provision applicable to contracts issued or renewed on or after January 1, 2021.</p> <p>Part B of Public Law 2019, chapter 627 makes the following changes to the licensing and scope of practice laws for physician assistants.</p> <ol style="list-style-type: none"> 1. It increases the membership of the Board of Osteopathic Licensure and the Board of Licensure in Medicine from 10 to 11 members by changing the number of members on each board who are physician assistants from one member to 2 members. 2. It establishes provisions for the scope of practice of physician assistants based on practice setting. 3. It removes registration and physician supervisory requirements and establishes requirements for physician assistants to have collaborative agreements and practice agreements with physicians and other health care professionals. 4. It clarifies that physician assistants are legally responsible for any medical services provided in accordance with collaborative and practice agreements and authorizes the licensing boards to adopt rules related to requirements for collaborative and practice agreements. 5. It changes the fee for an application for initial licensure from up to \$250 to up to \$300. 6. It provides a transition provision for physician assistant licenses that are current and not under investigation. <p>Public Law 2019, chapter 627 was enacted as an emergency measure effective March 18, 2020.</p>
1764	Enacted as Public Law 2019, chapter 596	An Act To Prevent Insurance Discrimination in Life, Long-term Care and Disability Income Insurance	<p>Public Law 2019, chapter 596 prohibits a denial or limitation of coverage or an increase in insurance premiums under a life, disability income or long-term care insurance policy based on the fact that an individual has been prescribed preexposure prophylaxis medication to prevent HIV infection.</p>

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1866	Emergency Enacted as Public Law 2019, chapter 591; effective March 17, 2020	An Act To Increase the Automatic Draft Authority for Licensed Insurance Producers	Under current law, licensed insurance producers may be authorized by contract with an insurer to settle and pay claims in amounts up to \$5000 without a separate adjuster license. Public Law 2019, chapter 591 increases that amount from \$5,000 to \$10,000 and allows for a temporary increase to \$20,000 after catastrophic losses. Public Law 2019, chapter 591 was enacted as an emergency measure effective March 17, 2020.
1872	Finally Passed as an Emergency Resolve 2019, chapter 115 effective March 9, 2020	Resolve, Regarding Legislative Review of Portions of Chapter 12: Licensure of Manufacturers and Wholesalers, a Major Substantive Rule of the Department of Professional and Financial Regulation, Maine Board of Pharmacy	Resolve 2019, chapter 115 authorizes final adoption of portions of Chapter 12: Licensure of Manufacturers and Wholesalers, a Major Substantive Rule of the Department of Professional and Financial Regulation, Maine Board of Pharmacy. Resolve 2019, chapter 115 was finally passed as an emergency measure effective March 9, 2020.
1928	Enacted as Public Law 2019, chapter 643	An Act To Prohibit Health Insurance Carriers from Retroactively Reducing Payment on Clean Claims Submitted by Pharmacies	Public Law 2019, chapter 643 prohibits a contract between a carrier and a pharmacy provider that is entered into or renewed on or after January 1, 2021 from containing a provision that purports to directly or indirectly charge the pharmacy provider or hold the pharmacy provider responsible for any fee related to a claim that is not apparent at the time the carrier processes the claim, that is not reported on the remittance advice or after the initial claim is adjudicated. The law also clarifies that the provision applies to any contract with respect to a prescription drug plan offered by the carrier under which a pharmacy provider is legally obligated, either directly or through an intermediary.
1948	Enacted as Public Law 2019, chapter 602	An Act To Prohibit, Except in Emergency Situations, the Performance without Consent of Certain Examinations on Unconscious or Anesthetized Patients	Public Law 2019, chapter 602 requires that, prior to performing or supervising a pelvic, rectal or prostate examination, a health care practitioner must obtain the patient's informed consent, orally and in writing, to that examination unless the examination of an unconscious patient is required for diagnostic purposes and is medically necessary or the examination is authorized pursuant to the implied consent provision in the Maine Health Security Act relating to forensic examinations of unconscious alleged victims of sexual assault.
1972	Emergency Enacted as Public Law 2019, chapter 560; effective February 21, 2020	An Act To Increase Access to and Reduce the Cost of Epinephrine Autoinjectors by Amending the Definition of "Epinephrine Autoinjector"	Public Law 2019, chapter 560 amends the definition of "epinephrine autoinjector" in different Titles of the Maine Revised Statutes to include devices approved by the federal Food and Drug Administration that deliver a specific dose of epinephrine by means other than automatic injection of epinephrine into the human body. The law also changes references to epinephrine pen to epinephrine autoinjector. Public Law 2019, chapter 560 was enacted as an emergency measure effective February 21, 2020.
1975	Enacted as Public Law 2019, chapter 605	An Act To Facilitate Dental Treatment for Children	Public Law 2019, chapter 605 prohibits a health insurance carrier or dental insurer from imposing a waiting period for any dental or oral health service or treatment, except for orthodontic treatment, for an enrollee under 19 years of age.

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			The law applies to policies and contracts issued or renewed on or after January 1, 2021.
2007	Emergency Enacted as Public Law 2019, chapter 653; effective March 18, 2020	An Act To Enact the Made for Maine Health Coverage Act and Improve Health Choices in Maine	<p>Public Law 2019, chapter 653 establishes the Made for Maine Health Coverage Act. Under the Act, the Maine Health Insurance Marketplace is established pursuant to the federal Affordable Care Act to facilitate the purchase of qualified health plans from health insurance carriers in the State and to improve consumer education and outreach related to enrollment in health coverage through the marketplace.</p> <p>The law authorizes the Commissioner of Health and Human Services to direct the operations of the marketplace and consult with stakeholders regarding the execution of the marketplace’s functions. The law requires the Commissioner to accept the recommendations of the Superintendent of Insurance on certification of qualified health plans and to exercise discretion to delegate certain duties to the Superintendent, including plan management.</p> <p>Initially, the State will operate the marketplace using the federal platform. The law directs the Commissioner to study and assess the feasibility of whether the State should perform all of the functions of a state-based marketplace.</p> <p>The law requires that all health insurance carriers pay a user fee of 0.5% to support the costs of the marketplace when it operates using the federal platform; the user fee increases to 3% if the State performs all of the marketplace’s functions. The Maine Health Insurance Marketplace Trust Fund is created for the deposit of all user fees and other private and public funds to support the purposes of the marketplace.</p> <p>Public Law 2019, chapter 653 authorizes the State to enter into state-federal health coverage partnerships that support the availability of affordable health coverage, including innovation waivers pursuant to the federal Affordable Care Act. The law allows the Superintendent of Insurance to apply to the appropriate federal agency or agencies to establish or participate in a state- federal health coverage partnership or to modify the terms and conditions of an existing partnership if the superintendent determines that the application, if approved, is likely to improve the affordability, availability or quality of health coverage in this State and the Governor approves the submission of the application.</p> <p>Public Law 2019, chapter 653 also establishes a pooled market for individual health plans and small group health plans with effective dates of coverage on or after January 1, 2022. The implementation of a pooled market is preconditioned on the adoption of rules and the approval of an innovation waiver by the federal government that both extends reinsurance to the pooled market and projects that average</p>

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			<p>premium rates would be the same or lower than they would have been absent the provisions of this law.</p> <p>The law changes the scope of the reinsurance mechanism under the Maine Guaranteed Access Reinsurance Association from prospective to retrospective and expands the availability of reinsurance to the pooled market. The law makes other technical changes to the statutes governing the association to facilitate reinsurance to the pooled market. It allows the Maine Guaranteed Access Reinsurance Association the option to continue to charge a ceding premium even after converting to a retrospective program. It clarifies that the Maine Guaranteed Access Reinsurance Association is not required to transition to a retrospective reinsurance model in 2022 if the pooled market is not in effect. It does provide the option that the association may elect to move to a retrospective model regardless of the pooled market, subject to approval by the Superintendent of Insurance.</p> <p>Public Law 2019, chapter 653 requires the Superintendent of Insurance to develop at least one clear choice design plan for each metal level tier under the federal Affordable Care Act for the individual and small group health insurance markets and allows carriers to offer up to 3 alternative plans subject to submission of a satisfactory actuarial certification to the Superintendent of Insurance. Under the law, "clear choice design" means a set of annual copayments, coinsurance and deductibles for all or a designated subset of the essential health benefits.</p> <p>The law also requires a health plan in the individual, small group and future pooled markets with an effective date on or after January 1, 2021 to provide coverage without cost sharing for the first primary care and behavioral health visits in each plan year and prohibits the application of a deductible or coinsurance to the 2nd or 3rd primary care and behavioral health visits in a plan year. The requirement does not apply to a plan offered for use with a health savings account unless the federal Internal Revenue Service determines that the benefits required by the law are permissible benefits in a high deductible health plan as defined in the federal Internal Revenue Code.</p> <p>Public Law 2019, chapter 653 was enacted as an emergency measure effective March 18, 2020.</p>
2025	Enacted as Public Law 2019, chapter 609	An Act To Clarify the Authorization of Emergency Medical Services Personnel to Provide Medical Services in a Hospital	Public Law 2019, chapter 609 clarifies that licensing requirements for an emergency medical services person may not be construed to prohibit a person licensed under the Maine Emergency Medical Services Act of 1982 from providing medical services as an employee of a hospital if those services are authorized by the hospital and delegated by a physician.
2078	Finally Passed as an Emergency Resolve 2019, chapter 123; effective March 17,	Resolve, Regarding Legislative Review of Portions of Chapter 100: Enforcement Procedures, a Major Substantive Rule of the Maine Health Data Organization	Resolve 2019, chapter 123 authorizes final adoption of portions of Chapter 100: Enforcement Procedures, a provisionally adopted major substantive rule of the Maine Health Data Organization, only if the organization corrects a cross-reference to a statutory definition used in the rule.

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	2020		Resolve 2019, chapter 123 was finally passed as an emergency measure effective March 17, 2020.
2080	Finally Passed as an Emergency Resolve 2019, chapter 136; effective March 18, 2020	Resolve, Regarding Legislative Review of Portions of Chapter 104: Maine State Services Manual, Section 8, Wholesale Prescription Drug Importation Program, a Major Substantive Rule of the Department of Health and Human Services	<p>Resolve 2019, chapter 136 authorizes final adoption of portions of Chapter 104: Maine State Services Manual, Section 8, Wholesale Prescription Drug Importation Program, a major substantive rule of the Department of Health and Human Services, only if the department incorporates certain specific amendments to the rule prior to final adoption.</p> <p>The resolve requires that the rule be amended to specify that the Department of Health and Human Services shall apply to the United States Department of Health and Human Services to establish a state importation program no later than May 1, 2020. The resolve also requires that the rule be amended to also require that, if the final federal rule is not released before May 1, 2020, the department shall submit a subsequent or revised application to establish a state importation program as soon as is practicable after the release of the final federal rule.</p> <p>Resolve 2019, chapter 123 was finally passed as an emergency measure effective March 18, 2020.</p>
2096	Emergency Enacted as Public Law 2019, chapter 666; effective March 18, 2020	An Act To Save Lives by Capping the Out-of-pocket Cost of Certain Medications	<p>Public Law 2019, chapter 666 provides that a health insurance carrier that provides coverage for prescription insulin drugs may not impose a cost-sharing requirement on an enrollee that results in out-of-pocket costs to the enrollee in excess of \$35 per prescription for a 30-day supply of insulin. These requirements apply to all health insurance policies issued or renewed on or after January 1, 2021.</p> <p>Public Law 2019, chapter 666 also authorizes a pharmacist to dispense emergency refills of insulin and associated insulin-related supplies. The law requires that the insulin dispensed be in a quantity that is the lesser of a 30-day supply and the smallest available package. The law also requires the Maine Board of Pharmacy to adopt rules to establish adequate training requirements and protocols for dispensing insulin.</p> <p>Public Law 2019, chapter 666 was enacted as an emergency measure effective March 18, 2020.</p>
2105	Emergency Enacted as Public Law 2019, chapter 668; effective March 18, 2020	An Act To Protect Consumers from Surprise Emergency Medical Bills	<p>Public Law 2019, chapter 668 amends the law providing consumer protection for surprise medical bills to include surprise bills for emergency services and also extends the same protections to bills for covered emergency services rendered by out-of-network providers. The law clarifies that consumers must be held harmless and not subject to balance billing for these services and specifies that consumers are responsible only for any applicable cost sharing determined as if the health care services were rendered by a network provider.</p> <p>In the event of a dispute with respect to only a surprise bill for emergency services or a bill for covered emergency services rendered by an out-of-network provider, the law directs the Superintendent of Insurance to develop an independent dispute resolution process to determine a reasonable payment for health care services beginning no later than October 1, 2020.</p>

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			<p>Public Law 2019, chapter 668 also requires the Emergency Medical Services' Board to convene a stakeholder group to review reimbursement rates for ambulance services.</p> <p>Public Law 2019, chapter 668 was enacted as an emergency measure effective March 18, 2020.</p>
2108	Emergency Enacted as Public Law 2019, chapter 669; effective March 18, 2020	An Act Regarding Health Insurance Options for Town Academies	<p>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.</p> <p>Public Law 2019, chapter 669 was enacted as an emergency measure effective March 18, 2020.</p>
2111	Emergency Enacted as Public Law 2019, chapter 670; effective March 18, 2020	An Act To Establish Patient Protections in Billing for Health Care	<p>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.</p> <p>The law requires that a provider receiving a nonemergency referral to disclose to the patient whether the provider is an out-of-network provider.</p> <p>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.</p> <p>Public Law 2019, chapter 670 was enacted as an emergency measure effective March 18, 2020.</p>

Unless otherwise noted, the effective date of laws enacted during the Second Regular Session is **June 16, 2020**.

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