

**Joint Standing Committee on Health Coverage, Insurance and Financial Services**  
**129th Legislature---1st Regular Session**  
**Brief Summary of Enacted Laws**

LD	Law/Resolve	Title	Summary of Provisions
1	Emergency Enacted as Public Law 2019, chapter 5; effective March 19, 2019	An Act To Protect Health Care Coverage for Maine Families	<p>Public Law 2019, chapter 5 was enacted so that consumer protections related to health insurance coverage included in the federal Patient Protection and Affordable Care Act are codified in state law.</p> <p>In Part A, Public Law 2019, chapter 5 does the following.</p> <ol style="list-style-type: none"> <li>1. It makes clear that carriers in the individual, small group and large group markets must meet guaranteed issue requirements similar to those required by federal law.</li> <li>2. It makes clear that individual and group health plans may not impose any preexisting condition exclusion on an enrollee. The law does permit a carrier to restrict enrollment in individual health plans to open enrollment and special enrollment periods established in rule.</li> <li>3. It clarifies that carriers offering individual or group health plans may not establish lifetime or annual limits on the dollar value of benefits unless the plan is grandfathered under the federal Affordable Care Act as of January 1, 2019 and does not impose new limits or reduce existing limits. The law specifies that the provision prohibiting annual limits on the dollar value of benefits applies to the dollar value of essential health benefits.</li> <li>4. It allows children, until they attain 26 years of age, to remain on their parents' health insurance policy.</li> <li>5. It changes the maximum rate differential due to age that may be filed by the carrier to 3 to 1 and requires that rates that vary based on age do so according to a uniform age rating curve.</li> <li>6. It provides that if a carrier varies premium rates based on family membership, the premium rate must equal the sum of the premiums for each individual in the family.</li> <li>7. It prohibits a carrier from varying premium rates based on tobacco use for individuals who are enrolled in an evidence-based tobacco cessation program approved by the United States Department of Health and Human Services, Food and Drug Administration.</li> <li>8. It makes clear that the minimum medical loss ratio in the individual market is 80% without exception.</li> <li>9. It adds language to prohibit rescissions of coverage consistent with requirements under federal law.</li> <li>10. It makes changes to the timelines and requirements for determinations by a carrier of coverage for</li> </ol>

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			<p>prescription drugs consistent with federal law.</p> <p>11. It requires carriers to provide information about the health plans offered by the carrier in a standardized manner that is substantially similar to the manner required for health plans subject to the federal Patient Protection and Affordable Care Act as of January 1, 2019.</p> <p>12. It preserves the authority for certain individuals to purchase coverage under an individual, nonrenewable short-term policy.</p> <p>13. It prohibits a health plan from reducing or terminating benefits for an ongoing course of treatment, including coverage of a prescription drug, during the course of an appeal of a determination of coverage.</p> <p>Part B of Public Law 2019, chapter 5 requires that, at a minimum, individual and small group health plans cover essential health benefits that are substantially similar to those benefits required for health plans subject to the federal Patient Protection and Affordable Care Act as of January 1, 2019. The law also requires that health plans meet annual limits on cost sharing that are substantially similar to those benefits required for health plans subject to the federal Patient Protection and Affordable Care Act as of January 1, 2019. The law clarifies that pediatric dental benefits may not be required of all individual and small group plans if dental coverage is available in accordance with the federal Affordable Care Act as in effect as of January 1, 2019.</p> <p>Part C of Public Law 2019, chapter 5 adopts nondiscrimination provisions consistent with similar requirements in federal law and rule.</p> <p>Part D of Public Law 2019, chapter 5 makes changes to current requirements in state law related to mental health parity consistent with similar requirements in federal law and regulations.</p> <p>Public Law 2019, chapter 5 was enacted as an emergency measure effective March 19, 2019.</p>
5	Enacted as Public Law 2019, chapter 25	An Act To Require Notification of Proposed Rate Increases for Long-term Care Policies	Public Law 2019, chapter 25 changes the time frame for when written notice of a proposed long-term care insurance rate increase must be provided from no later than 10 business days to no later than 30 days after the filing of the proposed premium rate increase. The law clarifies that notice must be provided by the insurer to all affected individual and group policyholders and others who are directly billed for group coverage. The law specifies that the notice must include certain information, including the proposed rate, information on the policyholder's right to request a hearing and submit written comments on the proposed rate and contact information for the Department of Professional and Financial Regulation, Bureau of Insurance.

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			<p>The law also provides that an increase in a premium rate may not be implemented until approved by the bureau or until the effective date of the premium rate increase, whichever is later.</p>
38	Enacted as Public Law 2019, chapter 418; applies to health plans issued or renewed on or after January 1, 2020	An Act To Require Insurance Coverage for Hearing Aids for Adults	<p>Public Law 2019, chapter 418 requires health insurance carriers to provide coverage in all individual and group health plans for hearing aids at a minimum of \$3,000 per hearing aid to all individuals with documented hearing loss. The law clarifies that the purchase of a hearing aid must be done in accordance with federal and state laws, regulations and rules for the dispensing of hearing aids.</p> <p>The law applies to individual and group health plans health plans issued or renewed on or after January 1, 2020.</p>
100	Finally Passed as an Emergency Resolve 2019, chapter 9; effective March 25, 2019	Resolve, Regarding Legislative Review of Portions of Chapter 270: Uniform Reporting System for Quality Data Sets, a Major Substantive Rule of the Maine Health Data Organization	<p>Resolve 2019, chapter 9 authorizes final adoption of portions of Chapter 270: Uniform Reporting System for Quality Data Sets, a major substantive rule of the Maine Health Data Organization.</p> <p>Resolve 2019, chapter 9 was finally passed as an emergency measure effective March 25, 2019.</p>
110	Became Law without Governor's Signature; Enacted as Public Law 2019, chapter 77	An Act Regarding Credit Ratings Related to Overdue Medical Expenses	<p>Public Law 2019, chapter 77 does the following.</p> <p>It prohibits a consumer reporting agency from reporting debt from medical expenses on a consumer's consumer report when the date of the first delinquency on the debt is less than 180 days prior to the date that the debt is reported.</p> <p>It requires that a consumer reporting agency remove medical debt on a consumer's consumer report once the credit reporting agency receives information that the debt has been settled in full or paid in full.</p> <p>If a medical debt is reported to a consumer reporting agency, it requires the consumer reporting agency to report that debt in the same manner as debt related to a consumer credit transaction is reported as long as the consumer is making regular, scheduled periodic payments toward the debt as agreed upon by the consumer and medical provider.</p>
228	Enacted as Public Law 2019, chapter 83	An Act To Expedite the Issuance of Alcohol and Drug Counseling Licenses	<p>Public Law 2019, chapter 83 establishes the minimum qualifications for certain licensed mental health professionals and licensed alcohol and drug counselors to also become licensed as certified clinical supervisors. Certified clinical supervisors provide direct clinical supervision of practitioners in the field of alcohol and drug counseling.</p> <p>The law provides that an individual may be licensed as a certified clinical supervisor if the individual:</p> <ol style="list-style-type: none"> <li>1. Is a licensed psychologist, licensed physician, registered clinical nurse specialist, licensed clinical professional counselor, licensed clinical social worker, licensed or certified mental health professional,</li> </ol>

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			<p>licensed marriage and family therapist or licensed pastoral counselor;</p> <p>2. Has at completed 24 hours of training in clinical supervision with at least 6 hours of training in each of the following areas: skills assessment and evaluation; counselor development; management and administration; and professional responsibility; and</p> <p>3. Has completed 1000 hours of practice in alcohol and drug counseling under the person's qualifying license or has work experience in treating co-occurring mental health and substance use disorders and at least 3 years of experience supervising clinicians in treatment programs for individuals with co-occurring mental health and substance use disorders.</p> <p>The law also authorizes individuals already licensed as alcohol and drug counselors to become certified clinical supervisors. For those individuals, the law provides that the minimum qualifications for licensing are 24 hours of training in clinical supervision with at least 6 hours of training in each of the following areas: skills assessment and evaluation; counselor development; management and administration; and professional responsibility.</p>
242	Emergency Enacted as Public Law 2019, chapter 1; effective March 7, 2019	An Act To Amend the Laws Governing Multiple-party Accounts with Financial Institutions	<p>Public Law 2019, chapter 1 suspends until July 1, 2019 the requirement that at the time a multiple-party account is established or at the time a single-party account is converted to a multiple-party account with a financial institution, the document establishing the account or adding another party include for each party to the account a question regarding whether that party intends for the sum remaining upon that party's death to belong to the surviving party or parties.</p> <p>Public Law 2019, chapter 1 was enacted as an emergency measure effective March 7, 2019.</p>
249	Enacted as Public Law 2019, chapter 171	An Act To Ensure Protection of Patients in Medical Reviews by Health Insurance Carriers	<p>Public Law 2019, chapter 171 requires that appeals of a health insurance carrier's adverse health care treatment decision be conducted by a licensed health care practitioner who is board certified in the same or similar specialty as typically manages the medical condition, procedure or treatment under review and whose compensation does not directly or indirectly depend upon the quantity, type or cost of the medical condition, procedure or treatment the practitioner approves or denies on behalf of a carrier.</p>
260	Emergency Enacted as Public Law 2019, chapter 20; effective April 5, 2019	An Act To Permit Disability Insurance To Be Offered through the Surplus Lines Market	<p>Public Law 2019, chapter 20 permits disability insurance to be offered through the surplus lines market. The law allows a licensed producer to place disability insurance through the surplus lines market if coverage is not available from an admitted insurer.</p> <p>Public Law 2019, chapter 20 was enacted as an emergency measure effective April 5, 2019.</p>
291	Enacted as Public Law 2019, chapter 30	An Act Regarding Responsibility for the Duplicative or Incorrect Payment of Health Insurance Claims	<p>Public Law 2019, chapter 30 requires a health insurance carrier who has made a duplicative or incorrect payment with respect to health insurance coverage to seek retroactive collection from the provider, not the enrollee, unless the enrollee was already paid directly and the provider submits evidence to the carrier that the enrollee did not forward payment to the provider. A health insurance carrier may require</p>

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			an enrollee to provide evidence of payment to the provider after the provider has first submitted evidence that the enrollee did not forward payment to the provider.
364	Became Law without Governor's Signature; Enacted as Public Law 2019, chapter 265	An Act To Establish the Right To Practice Complementary and Alternative Health Care Act	Public Law 2019, chapter 265 establishes the Right To Practice Complementary and Alternative Health Care Act. The law provides that a person providing complementary or alternative health care services who is not a licensed professional providing health care services within the scope of a license under the Maine Revised Statutes, Title 32 may provide complementary or alternative health care services as long as the person does not perform surgery, prescribe medications, drugs or devices that require a prescription, perform chiropractic manipulation or falsely state that the person is a licensed health care professional. The person providing services must disclose certain information to the person receiving services and must collect and retain a signed statement granting permission to provide complementary or alternative health care services.
368	Enacted as Public Law 2019, chapter 96	An Act To Redefine Geographic Association for Multiple-employer Welfare Arrangements	Public Law 2019, chapter 96 repeals the provision authorizing a multiple-employer welfare arrangement based on geographic association and removes cross-references to that provision. The law authorizes a multiple-employer welfare arrangement by an association with employer members representing multiple trades, industries or professions. The law also restores the ability of the Superintendent of Insurance to authorize a separate community rate for fully insured association health plans for multiple employers.
376	Enacted as Public Law 2019, chapter 424	An Act To Expand Health Insurance Options for Town Academies	Public Law 2019, chapter 424 makes an 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.  The law specifies that a town academy that elects to enroll in the group health plan available to state employees and other eligible persons may enroll in the group health plan on the first day of the month following the termination of the academy's prior group health plan, but no sooner than January 1, 2020. For an employee hired after January 1, 2020 or who becomes eligible for the group health plan based on a qualifying life event occurring after January 1, 2020, the employee may enroll in the group health plan on the first day of the month after the date on which the employee becomes eligible for enrollment.
530	Enacted as Public Law 2019, chapter 182	An Act To Protect Medical Payments Coverage for Consumers	Public Law 2019, chapter 182 makes the following changes related to medical payments coverage in a casualty insurance policy  1. It prohibits a health insurance carrier from coordinating benefits against medical payments coverage in a casualty insurance policy.  2. It provides that medical payments coverage is assignable only by agreement between the insured and the casualty insurer.  3. It provides that the insured has the right to submit a claim for medical expenses under medical

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555	Enacted as Public Law 2019, chapter 86	An Act To Reduce Colorectal Cancer Incidence and Mortality by Updating Screening Coverage	<p>Public Law 2019, chapter 86 removes references to the age of the patient for purposes of requiring coverage for colorectal cancer screening for asymptomatic individuals who are at average risk for colorectal cancer and instead requires coverage in accordance with the most recently published guidelines of a national cancer society. In addition, the law requires coverage of all colorectal examinations and laboratory tests recommended by a health care provider in accordance with those published guidelines.</p> <p>Public Law 2019, chapter 86 applies to health insurance plans issued or renewed on or after January 1, 2020.</p>
566	Enacted as Public Law 2019, chapter 17	An Act To Protect Vulnerable Adults from Financial Exploitation	<p>Public Law 2019, chapter 17 requires reporting to the Securities Administrator within the Department of Professional and Financial Regulation, Office of Securities and the Department of Health and Human Services by qualified individuals who reasonably believe that financial exploitation of a vulnerable adult may have occurred, may have been attempted or is being attempted. It defines "qualified individual" to mean an agent, an investment adviser representative and a person who serves in a supervisory, compliance or legal capacity for a broker-dealer or investment adviser.</p> <p>The law also:</p> <ol style="list-style-type: none"> <li>1. Authorizes broker-dealers and investment advisers who suspect financial exploitation to delay disbursing funds from a vulnerable adult's account;</li> <li>2. Authorizes disclosure by qualified individuals to 3rd parties in certain instances in which a vulnerable adult has previously designated the 3rd party;</li> <li>3. Prohibits disclosure to the 3rd party if the qualified individual suspects the 3rd party of the financial exploitation;</li> <li>4. Provides immunity from administrative and civil liability for actions taken consistent with the law; and</li> <li>5. Requires that broker-dealers and investment advisers comply with certain requests for information.</li> </ol>
659	Enacted as Public Law 2019, chapter 34	An Act Regarding the Use of Interchangeable Biological Products	Public Law 2019, chapter 34 provides for pharmacist substitution of interchangeable biological products for prescribed biological products in a manner similar to the current regulation of generic drug substitution. The law also defines "biological product" and "interchangeable biological product."

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688	Enacted as Public Law 2019, chapter 92	An Act To Set Maine Dental Provider Licensing Fees	Public Law 2019, chapter 92 provides that the maximum fee for an initial license or a license renewal for a dentist and for a sedation permit is \$1,000 and that the maximum fee for an initial license or a license renewal for a dental hygienist is \$200; otherwise the maximum fee of \$550 for any one purpose under current law continues to apply.
705	Enacted as Public Law 2019, chapter 273	An Act To Ensure Protection of Patients in Medical Reviews by Health Insurance Carriers	<p>Public Law 2019, chapter 273 does the following to amend the prior authorization process for health insurance carriers.</p> <ol style="list-style-type: none"> <li>1. It reduces the time frame for a carrier's response to a prior authorization request from 2 business days to 72 hours or 2 business days, whichever is less, and clarifies that the same time frame for a response applies in instances when a carrier requests additional information or requires outside consultation. It also provides that a request for prior authorization is granted if a carrier fails to respond within the required time frames.</li> <li>2. It clarifies a provision in existing law to reflect the change in time frame.</li> <li>3. It prohibits a carrier from requiring prior authorization for medication-assisted treatment for opioid use disorder for the prescription of at least one drug for each type of medication used in medication-assisted treatment, except that a carrier may not require prior authorization for medication-assisted treatment for opioid use disorder for a pregnant woman.</li> <li>4. It requires a health insurance carrier to develop an electronic transmission system for prior authorization of prescription drug orders by January 1, 2020.</li> <li>5. It requires health insurance carriers to report, no later than January 1, 2020, to the Joint Standing Committee on Health Coverage, Insurance and Financial Services on efforts to develop standards for secure electronic transmission of prior authorization requests. It also authorizes the committee to report out legislation to the Second Regular Session of the 129th Legislature related to the electronic transmission of prior authorization requests for medical services.</li> <li>6. It directs the Department of Professional and Financial Regulation, Bureau of Insurance to amend its rules regarding health plan accountability to conform to the statutory changes and designates those rules as routine technical.</li> </ol>
820	Enacted as Public Law 2019, chapter 274	An Act To Prevent Discrimination in Public and Private Insurance Coverage for Pregnant Women in Maine	Public Law 2019, chapter 274 requires the Department of Health and Human Services to provide coverage to a MaineCare member for abortion services. The law provides that abortion services that are not approved Medicaid services must be funded by the State. The bill also directs the Department of Health and Human Services to adopt rules no later than March 1, 2020 and authorizes the department to adopt rules using the emergency rule-making provisions of the Maine Administrative Procedure Act.

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			Public Law 2019, chapter 274 also requires that health insurance carriers that provide coverage for maternity services also provide coverage for abortion services. The law applies this requirement to all health insurance policies and contracts issued or renewed on or after January 1, 2020, except for those religious employers granted an exclusion of coverage. The law authorizes the Superintendent of Insurance to grant an exemption from the requirements if enforcement of the requirements would adversely affect the allocation of federal funds to the State.
849	Enacted as Public Law 2019, chapter 187	An Act To Allow Chiropractic Internships	Public Law 2019, chapter 187 establishes a new temporary license for chiropractic interns. The law states that a chiropractic intern may not provide services except under the supervision of a chiropractic doctor and with the informed written consent of the individual receiving chiropractic services. The law also sets forth the credentialing requirements for licensure and the process by which an applicant may gain licensure.
995	Enacted as Public Law 2019, chapter 431	An Act To Establish A Student Loan Bill of Rights to License and Regulate Student Loan Servicers	Public Law 2019, chapter 431 does the following.  1. It creates a position of student loan ombudsman under the Superintendent of Consumer Credit Protection within the Department of Professional and Financial Regulation, Bureau of Consumer Credit Protection. The student loan ombudsman's duties include: receiving, reviewing and, if possible, resolving complaints from student loan borrowers; compiling and analyzing student loan borrower data; assisting student loan borrowers to understand their rights and responsibilities; providing information to the public, agencies and Legislators regarding concerns of student loan borrowers and making recommendations to resolve them; analyzing and monitoring the development and implementation of other legislation and policies that affect student loan borrowers and recommending necessary changes; reviewing student education loan history for borrowers who consent; disseminating information about the ombudsman's availability to assist others; seek the assistance of financial institutions or the Finance Authority of Maine in the resolution of student loan borrower complaints; and other necessary actions.  2. It requires the superintendent to submit an annual report by January 1st of each year in regard to the effectiveness of the student loan ombudsman and to recommend additional steps necessary to gain regulatory control over licensing and enforcement with respect to student loan servicers.  3. It establishes a licensing procedure for student loan servicers, which includes an investigation of an applicant, along with a license fee and an investigation fee and requires the costs of the investigation to be paid by the licensee or person being investigated. A license is required for each physical location where a student loan servicer does business. It authorizes the Superintendent of Consumer Credit Protection within the Department of Professional and Financial Regulation, Bureau of Consumer Credit Protection to require student loan servicers to file license applications electronically and to use the nationwide mortgage loan servicer licensing system and registry.

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			<p>4. It authorizes the automatic licensure of student loan servicers under contract with the federal Department of Education.</p> <p>5. It exempts from the student loan servicer requirements imposed by the law most financial institutions licensed by the State, including licensed banks and credit unions, supervised financial organizations, Maine financial institutions and mutual holding companies whose home state is Maine and the Finance Authority of Maine. Those exempt organizations are required to work with the student loan ombudsman to resolve student loan borrower complaints and provide information as requested by the ombudsman.</p> <p>6. It requires student loan servicers to comply with all applicable federal laws and regulations related to student education loan servicing. It also identifies prohibited acts for student loan servicers, including employing any scheme, device or artifice to defraud or mislead student loan borrowers.</p>
1009	Enacted as Public Law 2019, chapter 295	An Act to Provide Protections for Maine Patients Facing Step Therapy	<p>Public Law 2019, chapter 295 requires health insurance carriers to establish a process for prescription drug step therapy exceptions. The law conforms the timeline for responding to a request for a step therapy override exception determination with the existing timeline for prior authorization requests. The law clarifies the meaning of exigent circumstances and makes clear that a carrier is required to continue to provide access to the prescription drug subject to step therapy protocol during the consideration of a request for a step therapy override exception determination.</p> <p>Public Law 2019, chapter 295 applies to health plans issued or renewed by health insurance carriers on or after January 1, 2020.</p>
1025	Enacted as Public Law 2019, chapter 165	An Act To Prohibit the Provision of Conversion Therapy to Minors by Certain Licensed Professionals	<p>Public Law 2019, chapter 165 prohibits certified school psychologists and guidance counselors, nurses, doctors, physician assistants, psychologists, psychological examiners, alcohol and drug counselors and aides, social workers, pharmacists and pharmacy technicians, professional counselors, marriage and family therapists, pastoral counselors, speech-language pathologists and assistants and audiologists from advertising, offering or administering conversion therapy to individuals under 18 years of age. Advertising, offering or administering conversion therapy to an individual under 18 years of age in violation of this prohibition is grounds for discipline of the professional by the department or board that issued the professional's license, certification or registration, including but not limited to suspension or revocation of the license, certification or registration.</p> <p>The law defines "conversion therapy" as any practice or course of treatment that seeks or claims to change an individual's sexual orientation or gender identity, except for any practice or treatment that assists an individual undergoing a gender transition; any practice or treatment that provides acceptance, support and understanding to an individual; and any practice or treatment that facilitates an individual's coping, social support or identity exploration and development, including any therapeutic intervention</p>

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			<p>that is neutral with regard to sexual orientation or gender identity, and that seeks to prevent or address unlawful conduct or unsafe sexual practices, as long as the counseling does not seek or claim to change the individual's sexual orientation or gender identity.</p> <p>The law prohibits Maine Care reimbursement for conversion therapy administered to an individual who is under 18 years of age.</p> <p>Public Law 2019, chapter 165 also includes a statement of legislative findings and intent.</p>
1047	Enacted as Public Law 2019, chapter 203	An Act To Prohibit Consideration of Naloxone Purchases in Life Insurance Underwriting	Public Law 2019, chapter 203 prohibits a denial or limitation of coverage or an increase in insurance premiums under a life insurance policy based on the fact that an individual has been issued a prescription for naloxone hydrochloride or has purchased naloxone hydrochloride. The law provides an exception to the prohibition when the individual has a demonstrated history of opioid use disorder.
1089	Enacted as Public Law 2019, chapter 179	An Act To Ban Discretionary Clauses in Disability Income Insurance Policies	Public Law 2019, chapter 179 prohibits the inclusion or enforcement of a contract provision in individual and group disability income insurance policies allowing the insurer sole or absolute discretion to interpret the insurance contract.
1105	Became Law without Governor's Signature; Enacted as Public Law 2019, chapter 269	An Act To Allow Acupuncture Detoxification Specialists To Administer an Auricular Acupuncture Treatment for Substance Use and Co-occurring Disorders	Public Law 2019, chapter 269 directs the Department of Professional and Financial Regulation, Board of Complementary Health Care Providers to license acupuncture detoxification specialists. The law also establishes standards for the provision of auricular acupuncture detoxification.
1155	Enacted as Public Law 2019, chapter 238	An Act To Protect Patients and the Prudent Layperson Standard	<p>Public Law 2019, chapter 238 establishes a definition of "emergency medical condition" and "emergency service" in the law governing utilization review in the Maine Insurance Code and makes clear that the determination of an emergency medical condition relies on the prudent layperson standard regardless of the final diagnosis that is given. The law clarifies the definition of "emergency service" so that it applies to services provided in an emergency setting or facility and makes other changes to maintain consistent language within the definition.</p> <p>The law also prohibits a carrier from requiring prior authorization for emergency services and requires that, before a carrier denies benefits or reduces payment for an emergency service based on a determination of the absence of an emergency medical condition or a determination that a lower level of care was needed, the carrier's utilization review must be done by a board-certified emergency physician who is licensed in this State and that the review must include a review of the enrollee's medical record related to the emergency medical condition subject to dispute.</p>
1162	Enacted as Public Law 2019, chapter 470	An Act To Further Expand Drug Price Transparency	Public Law 2019, chapter 470 requires prescription drug manufacturers to report annually to the Maine Health Data Organization no later than January 30, 2020 and annually thereafter, on prescription drug prices when the manufacturer has during the prior calendar year increased the wholesale acquisition cost of a brand-name drug by more than 20% per pricing unit, increased the wholesale acquisition cost of a generic drug that costs at least \$10 per pricing unit by more than 20% per pricing unit or introduced a new drug for distribution in this State when the wholesale acquisition cost is greater than

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			<p>the amount that would cause the drug to be considered a specialty drug under the Medicare Part D program.</p> <p>The law also requires prescription drug manufacturers, wholesale drug distributors and pharmacy benefits managers to provide pricing component data per pricing unit of a drug within 60 days of a request by the Maine Health Data Organization. The law defines "pricing component data" as data unique to each manufacturer, wholesale drug distributor or pharmacy benefits manager that evidences the cost to make a prescription drug available to consumers and the payments received by each manufacturer, wholesale drug distributor or pharmacy benefits manager to make a prescription drug available to consumers, taking into account any price concessions, and that is measured uniformly among the entities, as determined by rules adopted by the organization.</p> <p>The law provides that reported information is confidential, except that information may be shared in the aggregate and with the Department of Professional and Financial Regulation, Bureau of Insurance for enforcement purposes.</p> <p>Beginning November 1, 2020 and annually thereafter, the law requires the Maine Health Data Organization to produce and post on its publicly accessible website an annual report, including information developed from the notifications and disclosures received from prescription drug manufacturers, wholesale drug distributors and pharmacy benefits managers on trends in the cost of prescription drugs, an analysis of manufacturer prices and price increases, the major components of prescription drug pricing along the supply chain and the impacts on insurance premiums and cost sharing and other information the organization determines is relevant to providing greater consumer awareness of the factors contributing to the cost of prescription drugs in the State.</p>
1197	Enacted as Public Law 2019, chapter 178	An Act To Amend the Law Prohibiting the Denial by Health Insurers of Referrals by Out-of-network Providers	Public Law 2019, chapter 178 provides that the law that prohibits carriers from denying payment for covered health care services solely on the basis that the referral for services was made by an out-of-network provider applies only to referrals made by out-of-network direct primary care providers. It prohibits a carrier from requiring an enrollee to pay a greater cost-sharing amount than the cost-sharing that would apply to the same service if the service was referred by a participating primary care provider. It also allows a carrier to require a direct primary care provider who is not a member of the carrier's provider network to attest that the provider is a direct primary care provider through a written attestation or copy of the direct primary care agreement with the enrollee.
1260	Enacted as Public Law 2019, chapter 330	An Act Regarding Short-term, Limited-duration Health Plans	<p>Public Law 2019, chapter 330 does the following.</p> <p>1. It limits the issuance of short-term, limited-duration individual health insurance policies in this State to policies with a term that ends on December 31st of the calendar year in which they are issued and allows an insurer or the insurer's agent or broker to issue a short-term, limited-duration policy that replaces a prior short-term, limited-duration policy only if the combined term of the new policy and all</p>

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			<p>prior policies does not exceed 24 months and as long as the individual has not been covered under any short-term, limited-duration policy for at least 12 months prior to the issuance of a policy.</p> <p>2. It requires that insurers make specific written disclosures related to the terms and benefits of policies in at least 14-point type, including the types of benefits and consumer protections that are and are not included in the policies, a summary of plan benefits, limits and exclusions in a standardized format, information about the circumstances in which covered benefits may be subject to balance billing and examples of how charges may be applied toward any cost sharing under the policy and billed to the individual policyholder, and a comparison of the short-term, limited-duration policy to a qualified health plan in the terms, benefits and conditions of the policy, any exclusions, medical loss ratio requirements or the provisions of guaranteed renewal and continuity of coverage. It also requires an insurer to make the documents and information required to be disclosed to be made available on the insurer's publicly accessible website.</p> <p>3. It prohibits a short-term, limited-duration policy from being actively marketed or sold during any open enrollment period except for a policy that terminates coverage on December 31st.</p> <p>4. It restricts the sale of short-term, limited-duration policies to in-person encounters with an insurer or an insurer's agent or broker.</p> <p>5. It requires that an insurer or an insurer's agent or broker, upon offering an individual short-term, limited-duration policy for purchase, assess an individual making an application for eligibility for an advanced premium tax credit or cost-sharing reduction for coverage under a qualified health plan purchased on the exchange pursuant to the federal Patient Protection and Affordable Care Act and provide an estimate of the cost for coverage under a qualified health plan after applying any advanced premium tax credit or cost-sharing reduction.</p> <p>6. It requires the Department of Professional and Financial Regulation, Bureau of Insurance to issue, no later than 30 days following the effective date of this legislation, a bulletin related to short-term, limited-duration health insurance policies describing the statutory requirements for the policies, including the requirements enacted in this legislation and the required mandated benefits applicable to all short-term, limited-duration policies.</p> <p>The requirements of Public Law 2019, chapter 330 apply to policies issued or renewed in this State on or after January 1, 2020.</p>
1261	Enacted as Public Law 2019, chapter 262	An Act To Authorize Certain Health Care Professionals To Perform Abortions	Public Law 2019, chapter 262 allows a physician assistant or an advanced practice registered nurse licensed as such in this State to perform abortions, in addition to a licensed allopathic or osteopathic physician.

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1263	Enacted as Public Law 2019, chapter 289	An Act Regarding Telehealth	<p>Public Law 2019, chapter 289 does the following.</p> <ol style="list-style-type: none"> <li>1. It provides immunity from liability to health care practitioners who voluntarily provide health care services through telehealth in the same manner as immunity is provided to health care practitioners who voluntarily provide health care services in person.</li> <li>2. It requires carriers that offer health plans in this State to provide coverage for health care services provided through telehealth services in the same manner as coverage is provided for services provided in person and sets forth certain standards for coverage of telehealth services.</li> <li>3. It clarifies that carriers may apply prior approval and credentialing requirements for providers for services provided through telehealth services only if the requirements are the same as are applied for services provided in person.</li> </ol> <p>The requirements of Public Law 2019, chapter 289 apply to health insurance policies issued or renewed on or after January 1, 2020.</p>
1272	Enacted as Public Law 2019, chapter 472	An Act To Increase Access to Low-cost Prescription Drugs	<p>Public Law 2019, chapter 472 establishes a wholesale importation program for prescription drugs from Canada by or on behalf of the State in order to provide cost savings to consumers. The law directs the Department of Health and Human Services to consider whether the program may be developed on a multistate basis through collaboration with other states. The law requires the Department of Health and Human Services to design the program through rulemaking by January 1, 2020. The rules are designated as major substantive and must be submitted to the Legislature for final approval.</p> <p>The law also specifies that the program may not be implemented until the State has received federal approval and certification. The bill directs the Department of Health and Human Services to apply for federal approval no later than May 1, 2020.</p>
1274	Enacted as Public Law 2019, chapter 522	An Act To Enact the Health Insurance Consumer Assistance Program	<p>Public Law 2019, chapter 522 establishes the Health Insurance Consumer Assistance Program to provide support for consumers, including prospective consumers, of health insurance and to health insurance customer assistance programs and health insurance ombudsman programs. The services the new program will provide include assisting with filing complaints and appeals regarding decisions made by a group health plan, health insurance carrier or independent review organization and obtaining health insurance premium tax credits on behalf of consumers. The Attorney General is required to contract with a nonprofit, independent health insurance consumer assistance entity that is not an insurer to operate the consumer assistance program.</p>
1314	Enacted as Public Law 2019, chapter 208	An Act To Extend Protections for Genetic Information	<p>Public Law 2019, chapter 208 requires that an insurer obtain the informed written consent of an individual before requesting, requiring, purchasing or using any information from an entity providing direct-to-consumer genetic testing in connection with the issuance, withholding, extension or renewal of an insurance policy for life, credit life, disability, long-term care, accidental injury, specified disease,</p>

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			hospital indemnity or credit accident insurance or an annuity.
1353	Enacted as Public Law 2019, chapter 244	An Act To Establish Transparency in Primary Health Care Spending	Public Law 2019, chapter 244 requires the Maine Quality Forum to submit an annual report, beginning January 15, 2020, to the Department of Health and Human Services and the joint standing committee of the Legislature having jurisdiction over health coverage and health insurance matters, based on claims data reported to the Maine Health Data Organization and information on methods of reimbursement for primary care reported by insurers. The annual report is required to include the percentage of total medical expenditures paid for primary care by commercial insurers, the MaineCare program, Medicare, the organization that administers health insurance for state employees and the Maine Education Association benefits trust, the average percentage of total medical expenditures paid for primary care across all payors and the methods used by these organizations to pay for primary care. The law also requires the Maine Quality Forum to consult with other state and national agencies and organizations on best practices in health care spending reporting.
1441	Enacted as Public Law 2019, chapter 388	An Act To Align the Laws Governing Dental Therapy with Standards Established by the American Dental Association Commission on Dental Accreditation	<p>Public Law 2019, chapter 388 makes the following changes to the laws affecting dental therapists.</p> <ol style="list-style-type: none"> <li>1. It changes the name of the occupation licensed from "dental hygiene therapist" to "dental therapist" to conform to the name used by other state licensing boards and the American Dental Association Commission on Dental Accreditation.</li> <li>2. It identifies the educational requirement as a master's degree in dental therapy. It also clarifies that a dental therapy program must either be accredited by the American Dental Association Commission on Dental Education or approved by the Board of Dental Practice by rulemaking consistent with the curriculum standards of a dental therapy program as adopted by the American Dental Association Commission on Dental Education.</li> <li>3. It requires a provisional dental therapist and a dental therapist to maintain a current certification in advanced cardiac life support.</li> </ol> <p>Public Law 2019, chapter 388 also requires further study of issues related to supervision of dental therapists by the Board of Dental Practice. The Board of Dental Practice is directed to recommend changes to the statutory definitions of supervision and to recommend a definition of "teledentistry" for the purpose of aligning current supervision practices and reflecting advancements in technology. The Board of Dental Practice is required to submit its recommendations to the Joint Standing Committee on Health Coverage, Insurance and Financial Services no later than February 1, 2020. The Joint Standing Committee on Health Coverage, Insurance and Financial Services may report out a bill to the Second Regular Session of the 129th Legislature based on the board's recommendations.</p>
1499	Enacted as Public Law 2019, chapter 471	An Act To Establish the Maine Prescription Drug Affordability Board	Public Law 2019, chapter 471 establishes the Maine Prescription Drug Affordability Board. The law provides that the board determines prescription drug spending targets for public entities, including for

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			<p>specific prescription drugs, based upon a 10-year rolling average of the medical care services component of the United States Department of Labor, Bureau of Labor Statistics Consumer Price Index medical care services index plus a reasonable percentage for inflation and minus a spending target determined by the board for pharmacy savings and in consideration of information received about the public entity's prescription drug spending and information collected by the Maine Health Data Organization. The board makes recommendations on prescription drug spending targets, including spending targets for specific prescription drugs, with input from representatives of those public entities. The recommendations may include establishing a common prescription drug formulary among public payors, purchasing prescription drugs in bulk or through a single purchasing agreement, collaborating with other states and state prescription drug purchasing consortia to purchase prescription drugs in bulk or to jointly negotiate rebates, allowing health insurance carriers providing coverage to small businesses in the State to participate in a public payor prescription drug benefit for a fee, procuring common pharmacy benefit management services and actuarial services, negotiating specific rebates and removing drugs for which a manufacturer does not negotiate a sufficient rebate from a formulary and other methods determined by the board. The board is required to report its prescription drug spending targets and the methods recommended to meet those targets to the Legislature annually.</p>
1504	Enacted as Public Law 2019, chapter 469	An Act To Protect Consumers from Unfair Practices Related to Pharmacy Benefits Management	<p>Public Law 2019, chapter 469 replaces the current registration requirement for pharmacy benefits managers doing business in this State with a licensing requirement beginning January 1, 2020. The law imposes the following requirements on a carrier that provides prescription drug benefits.</p> <ol style="list-style-type: none"> <li>1. It makes a carrier responsible for monitoring all activities carried out by the carrier, or all activities carried out on behalf of the carrier by a pharmacy benefits manager, related to a carrier's prescription drug benefits and for ensuring that all requirements of the law are met.</li> <li>2. If a carrier contracts with a pharmacy benefits manager to perform any activities related to the carrier's prescription drug benefits, it makes the carrier responsible for ensuring that the pharmacy benefits manager acts as the carrier's agent and owes a fiduciary duty to the carrier.</li> <li>3. It prohibits a carrier from entering into a contract or agreement or allowing a pharmacy benefits manager or any person acting on the carrier's behalf to enter into a contract or agreement that prohibits a pharmacy provider from providing a consumer with the option of paying the cash price for the purchase of a prescription drug and not filing a claim with the consumer's carrier if the cash price is less than the covered person's cost-sharing amount or providing information to a state or federal agency, law enforcement agency or the Superintendent of Insurance when such information is required by law.</li> <li>4. It prohibits a carrier or pharmacy benefits manager from requiring a consumer to make an excessive payment at the point of sale for a covered prescription drug.</li> </ol>

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			<p>5. It requires a carrier to provide a reasonably adequate retail pharmacy network and specifies that a mail order pharmacy may not be included in determining the adequacy of a retail pharmacy network.</p> <p>6. It replaces and updates current law related to the use of a maximum allowable cost list by a carrier or pharmacy benefits manager under contract with a carrier. It also clarifies how a carrier or pharmacy benefits manager may determine the average wholesale price of a brand-name drug or generic drug not included on the maximum allowable cost list.</p> <p>7. It specifies how to calculate the amount paid by a carrier or a carrier's pharmacy benefits manager to a pharmacy provider under contract with the carrier or the carrier's pharmacy benefits manager for dispensing a prescription drug.</p> <p>8. It requires that all compensation remitted by or on behalf of a pharmaceutical manufacturer, developer or labeler, directly or indirectly, to a carrier or to a pharmacy benefits manager related to its prescription drug benefit must be remitted directly to the covered person at the point of sale or to the carrier to offset premiums for covered persons. The law requires a carrier to file annual reports beginning March 1, 2021 demonstrating how the carrier has complied with this requirement.</p> <p>9. It prohibits a carrier from allowing a person to be a member of its pharmacy and therapeutics committee if the member has a conflict of interest because of a relationship with, or compensation from, a pharmaceutical manufacturer, developer, labeler, wholesaler or distributor.</p> <p>10. It requires a carrier to maintain certain records related to the administration and provision of prescription drug benefits under a health plan and authorizes the carrier to audit those activities. The law also authorizes the superintendent to have access to records upon request.</p> <p>11. If a carrier uses a pharmacy benefits manager to administer or manage prescription drug benefits provided for the benefit of covered persons, it provides that any pharmacy benefits manager compensation constitutes an administrative cost incurred by a carrier for purposes of calculating the anticipated loss ratio. "Pharmacy benefits manager compensation" is defined in the law as the difference between the value of payments made by a carrier of a health plan to its pharmacy benefits manager and the value of payments made by the pharmacy benefits manager to dispensing pharmacists for the provision of prescription drugs or pharmacy services with regard to pharmacy benefits covered by the health plan.</p> <p>12. It clarifies that the definition of "carrier" does not include a multiple-employer welfare arrangement if the multiple-employer welfare arrangement contracts with a 3rd-party administrator to manage and</p>

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			administer health benefits, including benefits for prescription drugs.  The provisions in Public Law 2019, chapter 469 take effect January 1, 2020.
1615	Enacted as Public Law 2019, chapter 367	An Act To Enact the Peer-to-peer Car Sharing Insurance Act	Public Law 2019, chapter 367 establishes insurance requirements for peer-to-peer car sharing programs. The law also sets forth parameters for liability when a loss or injury occurs during a car sharing period or while a motor vehicle is under the control of a peer-to-peer car sharing program.
1694	Finally Passed as Resolve 2019, chapter 72	Resolve, To Determine Compliance with Federal and State Mental Health Parity Laws	Resolve 2019, chapter 72 requires the Superintendent of Insurance to determine the compliance of health insurance carriers doing business in this State with federal and state mental health parity laws. The Superintendent of Insurance is required to either authorize a market conduct examination or use a survey tool to assess compliance and to report back to the Joint Standing Committee on Health Coverage, Insurance and Financial Services no later than January 30, 2020. The committee is authorized to report out legislation to the Second Regular Session of the 129th Legislature based on the results.
1712	Enacted as Public Law 2019, chapter 252	An Act To Amend and Clarify the Maine Uniform Securities Act and To Make a Technical Correction in the Law Concerning Financial Planners	Public Law 2019, chapter 252 corrects a late fee provision that is currently applied to certain securities filings that are made between 16 and 30 days after the first sale of the securities in the State. The law applies the late fee to any applicable filing made 16 or more days after the first sale of the securities in the State.  Public Law 2019, chapter 252 also makes a technical correction by repealing a statute enacted in 1985 governing financial planners.
1716	Enacted as Public Law 2019, chapter 287	An Act To Update the Licensing Laws for Occupational Therapy Practice	Public Law 2019, chapter 287 updates language in the laws governing occupational therapy practice, including occupational therapists and occupational therapy assistants, establishes an inactive license status for licensees and repeals the continuing education requirement for licensees. The law also repeals a residency provision for applicants and the character reference requirement for foreign-trained applicants.
1793	Enacted as Public Law 2019, chapter 376	An Act To Update the Laws Governing Personal Vehicle Rental Coverage	Public Law 2019, chapter 376 amends the definition of "private passenger motor vehicle" in the laws governing personal automobile insurance and rental vehicle coverage in the Maine Insurance Code. It clarifies that "private passenger motor vehicle" includes a sport utility vehicle, a pickup truck and a van, which are commonly rented vehicles and requires the Superintendent of Insurance to adopt rules, including rules to further define the term "private passenger motor vehicle."
1829	Enacted as Public Law 2019, chapter 382	An Act Regarding Insurance Licensees	Public Law 2019, chapter 382 provides a fee of \$150 for surplus lines authority. It authorizes the Superintendent of Insurance to cancel the Maine license or authority of a nonresident insurance licensee subject to the Maine Revised Statutes, Title 24-A, chapter 16. Such a cancellation applies to a nonresident licensee only in the event that the licensee's license authority in the licensee's home state is no longer active and the Maine license has been granted on a reciprocal basis. It removes language that prohibits an adjuster seeking to provide adjusting services to an insured for a fee to be paid by the insured from soliciting an adjustment services contract to any person for at least 36 hours after an accident or occurrence as a result of which the person might have a potential claim.

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			Public Law 2019, chapter 382 also authorizes the Joint Standing Committee on Health Coverage, Insurance and Financial Services to report out a bill to the Second Regular Session of the 129th Legislature relating to the law governing the activities of licensed insurance adjusters.

**Unless otherwise noted, the effective date of laws enacted during the First Regular Session is September 19, 2019.**

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