

**Tasks Before the
Joint Standing Committee on Health Coverage, Insurance and Financial Services
129th Legislature 2nd Session**

1. Carryover Bills. The committee has 20 carryover bills; 3 additional bills were carried over on the Special Appropriations Table. See list of bill titles below.

Bills Carried Over in HCIFS Committee

LD 30	An Act To Improve Health Care Data Analysis
LD 51	An Act To Implement the Recommendations of the Task Force on Health Care Coverage for All of Maine
LD 366	An Act To Protect Elderly Persons from Financial Abuse
LD 519	An Act to Expand Adult Dental Health Insurance Coverage
LD 594	An Act To Promote Individual Savings Accounts through a Public-Private Partnership
LD 598	An Act Regulating Employee Benefit Excess Insurance
LD 1085	An Act To Ensure That Maine Residents Have Adequate and Affordable Access to Health Care
LD 1138	An Act To Ensure Health Insurance Coverage for Treatment for Childhood Postinfectious Neuroimmune Disorders Including Pediatric Autoimmune Neuropsychiatric Disorders Associated with Streptococcal Infections and Pediatric Acute-onset Neuropsychiatric Syndrome
LD 1387	An Act To Increase Access to Safe and Affordable Prescription Drugs
LD 1434	An Act To Allow Certified Registered Nurse Anesthetists To Bill for Their Services
LD 1591	An Act To Provide Access to Health Care for Maine Citizens
LD 1611	An Act To Support Universal Health Care
LD 1613	An Act Regarding Women's Health and Economic Security
LD 1617	An Act To Create a Single-payer Health Care Program in Maine
LD 1650	An Act To Strengthen Consumer Protections in Health Care
LD 1660	An Act To Improve Access to Physician Assistant Care
LD 1673	An Act To Prohibit Prescription Drug Advertising

- LD 1755 An Act To Move Maine Toward Affordable Health Care for Everyone
- LD 1764 An Act To Update the Maine Insurance Code
- LD 1767 An Act To Increase the Efficiency of Certain Consumer Credit Protection Laws

Bills Carried Over on the Special Appropriations Table

- LD 477 An Act To Provide Relief to Federal Employees Affected by the Federal Shutdown
- LD 1661 An Act To Create the Drug Donation and Redispensing Program
- LD 1704 An Act To Establish the Securities Restitution Assistance Fund for Victims of Securities Violations

2. Bills referred to committee or with anticipated referral to the committee. The Legislative Council approved 17 bill titles with anticipated referral to HCIFS based on the title; 4 additional bills have been submitted by the Department of Professional and Financial Regulation. Once printed, there may be other bills referred to committee See list below. This list does not include Governor's bills, bills tabled by the Legislative Council or after-deadline bills.

Bills Accepted by Legislative Council

- LR 2624 An Act To Prohibit Insurance Carriers from Retroactively Reducing Payment on Clean Claims Submitted by Pharmacies
- LR 2690 An Act Regarding Prior Medical Authorizations for Certain Medical Procedure
- LR 2702 An Act To Increase the Automatic Draft Authority for Licensed Insurance Producers
- LR 2768 An Act To Increase Access to and Reduce the Cost of Epinephrine Autoinjectors by Amending the Definition of "Epinephrine Autoinjector"
- LR 2879 An Act To Improve Care and Increase Efficiency in the Small Business Health Insurance Marketplace
- LR 2880 An Act To Increase Fairness in Maine's Health Insurance Marketplace
- LR 2881 An Act To Protect Consumers from Surprise Emergency Medical Bills
- LR 2882 Resolve, To Increase Transparency and Lower Health Insurance Costs for Small Businesses in Maine
- LR 2889 An Act To Establish Patient Protections in Billing for Health Care
- LR 2890 An Act To Establish a Fully State-based Health Care Exchange
- LR 2891 An Act To Control Health Care Spending
- LR 2892 An Act To Protect Consumers from Rising Drug Costs Resulting from

Manipulation of Prescription Drug Formularies

- LR 2910 An Act To Facilitate Dental Treatment for Children
- LR 2931 An Act To Clarify Insurance Requirements under the Peer-to-peer Car Sharing Insurance Act
- LR 2986 An Act To Assist Persons with Disabilities Who Are Subject to Pill Count Rules with Receiving Refills
- LR 3088 An Act To Increase the Minimum Amount of Insurance Coverage Required for Medical Payments for Vehicle Liability Insurance

Bills Submitted by the Department of Professional and Financial Regulation

- LR 3020 An Act To Revise Certain Financial Regulatory Provisions of the Maine Insurance Code
- LR 3021 An Act To Amend the Real Estate Appraisal Management Company Laws
- LR 3022 An Act To Enact the Maine Insurance Data Security Act
- LR 3023 An Act To Promote Efficiency in Regulation of Consumer Credit Statutes

3. Government Evaluation Act (GEA)

The Government Evaluation Act, 3 MRSA Chapter 35, requires state agencies to undergo periodic review by the Legislature. The review is conducted by the joint standing committee that has jurisdiction over legislation affecting the agency.

The HCIFS Committee will be reviewing the following 5 health-related professional licensing boards during the Second Regular Session: Maine Board of Licensure in Medicine; Maine State Board of Nursing; Maine State Board of Dental Practice; Maine Board of Osteopathic Licensure; and Maine Board of Optometry. Each of these boards submitted the required program evaluation reports by November 1, 2019 in compliance with the law. Electronic copies of each report have been posted to HCIFS Committee-related materials page.

In January and early February, representatives of each board will have an opportunity to present the reports to the committee.

According to 3 MRSA §955, the deadlines for committee action during the 2nd session are as follows:

- By February 1, 2020, the committee must begin its review of the agency scheduled for review.
- By March 15, 2020, the committee must submit its findings, recommendations and any legislation required to implement its recommendations.

4. Reports Expected During Second Regular Session

- **Bureau of Insurance Report on LD 1138, An Act To Ensure Health Insurance Coverage for Treatment for Childhood Postinfectious Neuroimmune Disorders Including Pediatric**

Autoimmune Neuropsychiatric Disorders Associated with Streptococcal Infections and Pediatric Acute-onset Neuropsychiatric Syndrome (due 1/1/20)

This bill proposes a mandated health benefit in health insurance policies. Pursuant to 24-A MRSA § 2752, mandated health benefit proposals may not be enacted into law until a review and evaluation is completed by the Bureau of Insurance. The committee requested that the Bureau of Insurance perform such a review and evaluation of LD 1138 and carried the bill over to this session. A briefing on this report will be scheduled in late January.

- **Maine Association of Health Plans Report on Electronic Transmission of Prior Authorization (due 1/1/20)**

As part of the committee's consideration of LD 705, An Act Regarding the Process for Obtaining Prior Authorization for Health Insurance Purposes, enacted as Public Law 2019, chapter 273, a provision was added to the law requiring health insurance carriers, in cooperation with the Maine Association of Health Plans, to report on efforts to develop standards for secure electronic transmission of prior authorization requests that meet requirements of the federal Health Insurance Portability and Accountability Act of 1996, Public Law 104-191. The law 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. A briefing on this report will be scheduled in late January.

- **Letter to licensing boards related to continuing education requirements for opioid prescribers (due 1/15/20)**

During the First Regular Session, the committee considered LD 558, An Act to Amend the Continuing Education Requirements for Prescribers of Opioid Medication. The bill proposed to reduce the amount of opioid prescribing education required of prescribers from 3 hours per license cycle of 2 years to one hour per license cycle of 2 years after the licensee has completed an initial 3-hour requirement. The mandatory continuing education requirement was enacted in the 127th Legislature (and became effective July 29, 2016) as part of comprehensive legislation related to the prescribing requirements and limits for opioid medication. Because the committee is mindful that the Legislature may not be the best forum for dictating specific areas for continuing education and that each autonomous licensing board may be in a better position than the Legislature to make those decisions through rulemaking, the committee requested that the licensing boards review the existing continuing education requirements related to opioid prescribing and consider whether the change proposed in LD 558, or other changes, are appropriate. The Board of Licensure in Podiatric Medicine has responded to the committee's letter; other responses are due January 15, 2020.

- **Letter to DHHS and other stakeholders related to Alzheimer's disease and dementia training (due 1/15/20)**

During the First Regular Session, the committee considered LD 1072, An Act to Promote Workforce Education on Alzheimer's Disease and Dementia. The bill proposed a number of legislative changes, including requirements for mandatory training of State employees, mandatory continuing education of health care practitioners, requirements for hospitals to adopt policies regarding the recognition and management of patients with Alzheimer's disease and dementia, and requirements for health care practitioners to disclose a diagnosis of Alzheimer's disease or dementia to an authorized representative or a family member and to provide information regarding care planning services and options for treatment, services and supports. During the committee's consideration, the committee asked stakeholders to discuss the goals of the legislation and to

consider whether consensus could be reached without the need for legislative changes. A number of stakeholders agreed that certain actions could be taken over the next several months to address the goals of LD 1072 in the absence of legislation. Based on this agreement, the committee voted LD 1072 "Ought Not to Pass" with the understanding that the stakeholders would promote and undertake the following activities. The committee asked that DHHS and stakeholders report on the status of these activities no later than January 15, 2020.

- **Bureau of Insurance Report on Compliance with Mental Health Parity laws (due 1/30/20)**

Resolve 2019, chapter 72 requires the Superintendent of Insurance to determine the compliance of health insurance carriers in this State with the federal Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 and the Maine Revised Statutes, Title 24, sections 2325-A and 2329 and Title 24-A, sections 2749-C, 2842, 2843 and 4234-A. The resolve requires the report to be submitted no later than January 30, 2020 and authorizes the committee to report out a bill based on the report.

- **Board of Dental Practice Report on dental practice laws (due 2/1/20)**

Public Law 2019, chapter 388 requires the Board of Dental Practice, in consultation with interested parties, to review the dental practice licensing laws and rules and to recommend changes to the statutory definitions of supervision, to add a definition of "teledentistry" for the purpose of aligning current supervision practices and other changes to reflect advancements in technology. The law requires the report to be submitted no later than February 1, 2020 and authorizes the committee to report out a bill based on the report.

5. Authority to report out legislation

- **Legislation related to public adjusters' statute, 24-A MRSA §1476**

During the First Session, the Committee considered LD 1829, An Act Regarding Insurance Licensees, which was enacted as Public Law 2019, chapter 382. As part of the law, the public adjusters' statute was amended to reflect a federal District Court decision striking down the prohibition on soliciting an insurance adjustment contract for at least 36 hours following a loss on First Amendment grounds. The committee added a provision to authorize the committee to report out a bill to the 2nd Regular Session related to the activities of insurance adjusters.

- **Legislation related to payment reform pilot projects, 24-A MRSA §4320-H, sub-§4**

Beginning March 1, 2012, Public Law 2011, chapter 270 provided authority to the Superintendent of Insurance to authorize pilot projects that allow a health insurance carrier that offers health plans in this State to implement payment reform strategies with providers through an accountable care organization to reduce costs and improve the quality of patient care. The law requires that, during the First Regular Session of the 129th Legislature, the committee conduct an evaluation of the effectiveness of any pilot project approved by the superintendent pursuant to this section and determine whether to continue, amend or repeal the authorization for the pilot project. The committee may report out a bill based on the evaluation.

6. Review of Agency Major Substantive Rules

A Resolve is referred to a committee for each major substantive rule proposed for final adoption. The committee must report out the Resolve 30 days prior to statutory adjournment.

During the session, the Committee can expect to review a major substantive rule from the Department of Health and Human Services related to the establishment of a Wholesale Prescription Drug Importation Program as required by LD 1272, An Act to Increase Access to Low-cost Prescription Drugs, enacted as Public Law 2019, chapter 472. DHHS has proposed adoption of the rule; the comment period on the proposed rule ended December 12, 2019.

7. Review of Agency Regulatory Agendas

Each state agency must periodically submit a list of rules that the agency expects to propose to the relevant policy committee, which must review the agendas “at a meeting called for the purpose”; more than one agenda may be reviewed at a time. 5 MRSA §8060(5).

The committee has received regulatory agendas from several agencies under its jurisdiction. A meeting will be scheduled in January to complete the review required by law.

8. Review of the Governor’s Supplemental Budget. The policy committees review items in the Governor’s supplemental budget pertaining to the agencies, which they oversee. Recommendations are reported to the Appropriations and Financial Affairs Committee. Traditionally, the committee has had a limited role in review of the budget since dedicated revenue is the main source of funding for the Department of Professional and Financial Regulation.