

STATE OF MAINE  
130<sup>TH</sup> LEGISLATURE  
SECOND REGULAR SESSION



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

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

July 2022

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# *Joint Standing Committee on Health Coverage, Insurance and Financial Services*

## **SUBJECT INDEX**

### **Banking and Credit Unions**

**Enacted**

LD 1836 An Act To Amend Maine's Financial Institution Merger Statutes and Modernize Certain Sections of Title 9-B PUBLIC 508

### **Consumer Credit**

**Not  
Enacted**

LD 1956 An Act To Update the Consumer Credit Laws Related to Legal Funding Practices Majority (ONTP) Report

LD 1982 An Act To Protect Consumers' Privacy by Giving Them Greater Control of Their Data and To Establish Consumer Protections Regarding Small Dollar Loans ONTP

### **Health Information and Data**

**Enacted**

LD 1196 An Act Regarding Reporting on Spending for Behavioral Health Care Services and To Clarify Requirements for Credentialing by Health Insurance Carriers PUBLIC 603

LD 1636 An Act To Determine Potential Savings in Prescription Drug Costs by Using International Pricing PUBLIC 606

LD 1778 An Act To Improve Health Care Affordability and Increase Options for Comprehensive Coverage for Individuals and Small Businesses in Maine PUBLIC 518

LD 1842 Resolve, Regarding Legislative Review of Portions of Chapter 120: Release of Data to the Public, a Major Substantive Rule of the Maine Health Data Organization RESOLVE 129

### **Insurance, Health**

**Enacted**

LD 665 An Act To Promote Better Dental Care for Cancer Survivors PUBLIC 683

LD 1003 An Act To Improve Outcomes for Persons with Limb Loss PUBLIC 741

LD 1196 An Act Regarding Reporting on Spending for Behavioral Health Care Services and To Clarify Requirements for Credentialing by Health Insurance Carriers PUBLIC 603

LD 1331	An Act To Make Individual and Small Group Health Insurance More Affordable in Certain High-premium Counties	PUBLIC 655
LD 1357	An Act To Clarify Health Insurance Coverage for Postpartum Care	PUBLIC 691
LD 1390	An Act To Maximize Health Care Coverage for the Uninsured through Easy Enrollment in the MaineCare Program or in a Qualified Health Plan in the Marketplace	PUBLIC 715
LD 1539	An Act To Provide Access to Fertility Care	PUBLIC 692
LD 1776	An Act To Allow Pharmacists To Dispense an Emergency Supply of Chronic Maintenance Drugs	PUBLIC 566
LD 1783	An Act To Require Health Insurance Carriers and Pharmacy Benefits Managers To Appropriately Account for Cost-sharing Amounts Paid on Behalf of Insureds	PUBLIC 744
LD 1798	An Act To Ensure Health Insurance Coverage for Certain Adults with Disabilities	PUBLIC 520
LD 1822	An Act To Improve Access to Behavioral Health Services by Limiting Cost Sharing by Insurers	PUBLIC 638
LD 1837	An Act To Clarify the Appeals Process for Decisions Related to the Maine Health Insurance Marketplace	PUBLIC 511
LD 1910	An Act To Improve Children's Mental Health by Requiring Insurance Coverage for Certain Mental Health Treatment	PUBLIC 595
LD 1954	An Act To Ensure Access to Prescription Contraceptives	PUBLIC 609

**Not  
Enacted**

LD 441	An Act To Expand Adult Dental Health Insurance Coverage	Majority (ONTP) Report
LD 1463	An Act To Make Health Care Coverage More Affordable for Working Families and Small Businesses	ONTP
LD 1628	An Act To Exempt Nonprofit Agricultural Membership Organizations from Insurance Requirements	Majority (ONTP) Report
LD 1706	An Act To Require Appropriate Coverage of and Cost-sharing for Generic Drugs and Biosimilars	ONTP
LD 1938	An Act To Prohibit Discriminatory Practices Related to the 340B Drug Pricing Program	ONTP

## *Insurance, Regulation and Practices*

### Enacted

LD 482	An Act Regarding Pet Insurance	PUBLIC 562
LD 1266	An Act To Require Dental Plan Medical Loss Ratio Reporting and Review	PUBLIC 529
LD 1752	An Act To Provide Insurance Coverage for a Beneficiary on a Transfer on Death Deed	PUBLIC 497
LD 1815	An Act To Revise Certain Financial Regulatory Provisions of the Maine Insurance Code To Be Consistent with Model Laws from the National Association of Insurance Commissioners	PUBLIC 521

### Not Enacted

LD 794	Resolve, Directing the Department of Health and Human Services To Survey State-contracted Providers of Therapeutic Foster Care in the State about Their Liability Insurance Needs	Died On Adjournment
LD 2004	An Act To Ensure Fairness of Representation in Insurance Disputes	ONTP

## *Miscellaneous*

### Enacted

LD 1266	An Act To Require Dental Plan Medical Loss Ratio Reporting and Review	PUBLIC 529
LD 1882	Resolve, Directing the Department of Health and Human Services To Review the Requirements for Certification of Micropigmentation Practitioners	RESOLVE 146

### Not Enacted

LD 1982	An Act To Protect Consumers' Privacy by Giving Them Greater Control of Their Data and To Establish Consumer Protections Regarding Small Dollar Loans	ONTP
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## *Occupational and Professional Regulation, Health Professions*

### Enacted

LD 1776	An Act To Allow Pharmacists To Dispense an Emergency Supply of Chronic Maintenance Drugs	PUBLIC 566
LD 1855	An Act Regarding Point-of-dispensing Sites for Immunizations against COVID-19	PUBLIC 509
LD 1858	An Act Regarding Delegating Authority for Services Performed by Emergency Medical Services Personnel in Health Care Facilities	PUBLIC 587
LD 1920	An Act To Enact the Interstate Counseling Compact To Address Inequities in Access to Clinical Counseling Services and Increase Maine's Provider Workforce	PUBLIC 547

**Not  
Enacted**

LD 1973 An Act To Support Frontline Health Care Workers by Waiving Professional Licensing Fees ONTP

**Prescription Drugs**

**Enacted**

LD 1636 An Act To Determine Potential Savings in Prescription Drug Costs by Using International Pricing PUBLIC 606

LD 1776 An Act To Allow Pharmacists To Dispense an Emergency Supply of Chronic Maintenance Drugs PUBLIC 566

LD 1783 An Act To Require Health Insurance Carriers and Pharmacy Benefits Managers To Appropriately Account for Cost-sharing Amounts Paid on Behalf of Insureds PUBLIC 744

LD 1954 An Act To Ensure Access to Prescription Contraceptives PUBLIC 609

**Not  
Enacted**

LD 1584 An Act To Make Donated Medicines Available to Maine Patients at an Affordable Cost Died On Adjournment

LD 1938 An Act To Prohibit Discriminatory Practices Related to the 340B Drug Pricing Program ONTP

**Real Estate Practices**

**Enacted**

LD 1752 An Act To Provide Insurance Coverage for a Beneficiary on a Transfer on Death Deed PUBLIC 497

**Securities**

**Enacted**

LD 1887 An Act To Establish the Securities Restitution Assistance Fund for Victims of Securities Violations PUBLIC 576

# DIGEST OF BILLS

## 130th Legislature, Second Regular Session - 2022

PL = Public Law  
P&SL = Private and Special Law  
RESLV = Resolve

### Health Coverage, Insurance and Financial Services (HCIFS)

Comm	LD	Title	Comm	Action	Carried Over from Prior Year?	Date of Last Comm Action	Final Disposition	Enacted Law		Analyst Note?
								Law	Ch	
HCIFS	441	An Act To Expand Adult Dental Health Insurance Coverage	Reported Out	ONTP/ OTP-AM	Carried Over In Comm	3/30/22	Accepted Majority (ONTP) Report			
HCIFS	482	An Act Regarding Pet Insurance	Reported Out	OTP-AM	Carried Over In Comm	3/25/22	Enacted	PL	562	
HCIFS	665	An Act To Promote Better Dental Care for Cancer Survivors	Reported Out	OTP-AM	Carried Over In Comm	3/28/22	Enacted	PL	683	
HCIFS	794	Resolve, Directing the Department of Health and Human Services To Survey State-contracted Providers of Therapeutic Foster Care in the State about Their Liability Insurance Needs	Reported Out	OTP-AM	Carried Over In Comm	4/1/22	Died On Adjournment			
HCIFS	1003	An Act To Improve Outcomes for Persons with Limb Loss	Reported Out	OTP-AM	Carried Over In Comm	3/28/22	Enacted	PL	741	
HCIFS	1196	An Act Regarding Reporting on Spending for Behavioral Health Care Services and To Clarify Requirements for Credentialing by Health Insurance Carriers	Reported Out	OTP-AM	Carried Over In Comm	4/1/22	Enacted	PL	603	
HCIFS	1266	An Act To Require Dental Plan Medical Loss Ratio Reporting and Review	Reported Out	OTP-AM	Carried Over In Comm	3/16/22	Enacted	PL	529	
HCIFS	1331	An Act To Make Individual and Small Group Health Insurance More Affordable in Certain High-premium Counties	Reported Out	OTP-AM	Carried Over In Comm	3/31/22	Enacted	PL	655	
HCIFS	1357	An Act To Clarify Health Insurance Coverage for Postpartum Care	Reported Out	OTP-AM	Carried Over In Comm	3/28/22	Enacted	PL	691	
HCIFS	1390	An Act To Maximize Health Care Coverage for the Uninsured through Easy Enrollment in the MaineCare Program or in a Qualified Health Plan in the Marketplace	Reported Out	OTP-AM	Carried On Approps Table	6/16/21	Enacted	PL	715	

# DIGEST OF BILLS

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Comm	LD	Title	Comm	Action	Carried Over from Prior Year?	Date of Last Comm Action	Final Disposition	Enacted Law		Analyst Note?
								Law	Ch	
HCIFS	1463	An Act To Make Health Care Coverage More Affordable for Working Families and Small Businesses	Reported Out	ONTP	Carried Over In Comm	3/21/22	Ought Not to Pass Pursuant to Joint Rule 310			
HCIFS	1539	An Act To Provide Access to Fertility Care	Reported Out	OTP-AM/ ONTP	Carried Over In Comm	3/28/22	Enacted	PL	692	
HCIFS	1584	An Act To Make Donated Medicines Available to Maine Patients at an Affordable Cost	Reported Out	OTP-AM	Carried On Approps Table	6/15/21	Died On Adjournment			
HCIFS	1628	An Act To Exempt Nonprofit Agricultural Membership Organizations from Insurance Requirements	Reported Out	ONTP/OTP	Carried Over In Comm	3/21/22	Accepted Majority (ONTP) Report			
HCIFS	1636	An Act To Determine Potential Savings in Prescription Drug Costs by Using International Pricing	Reported Out	OTP-AM	Carried Over In Comm	3/31/22	Enacted	PL	606	
HCIFS	1706	An Act To Require Appropriate Coverage of and Cost-sharing for Generic Drugs and Biosimilars	Reported Out	ONTP	Carried Over In Comm	3/4/22	Ought Not to Pass Pursuant to Joint Rule 310			
HCIFS	1752	An Act To Provide Insurance Coverage for a Beneficiary on a Transfer on Death Deed	Reported Out	OTP-AM		2/14/22	Emergency Enacted	PL	497	
HCIFS	1776	An Act To Allow Pharmacists To Dispense an Emergency Supply of Chronic Maintenance Drugs	Reported Out	OTP-AM		3/25/22	Enacted	PL	566	
HCIFS	1778	An Act To Improve Health Care Affordability and Increase Options for Comprehensive Coverage for Individuals and Small Businesses in Maine	Reported Out	OTP-AM/ ONTP		2/18/22	Enacted	PL	518	
HCIFS	1783	An Act To Require Health Insurance Carriers and Pharmacy Benefits Managers To Appropriately Account for Cost-sharing Amounts Paid on Behalf of Insureds	Reported Out	OTP-AM		3/29/22	Enacted	PL	744	

# DIGEST OF BILLS

## 130th Legislature, Second Regular Session - 2022

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Comm	LD	Title	Comm	Action	Carried Over from Prior Year?	Date of Last Comm Action	Final Disposition	Enacted Law		Analyst Note?
								Law	Ch	
HCIFS	1798	An Act To Ensure Health Insurance Coverage for Certain Adults with Disabilities	Reported Out	OTP-AM		2/22/22	Enacted	PL	520	
HCIFS	1815	An Act To Revise Certain Financial Regulatory Provisions of the Maine Insurance Code To Be Consistent with Model Laws from the National Association of Insurance Commissioners	Reported Out	OTP-AM		3/2/22	Emergency Enacted	PL	521	
HCIFS	1822	An Act To Improve Access to Behavioral Health Services by Limiting Cost Sharing by Insurers	Reported Out	OTP-AM		4/1/22	Enacted	PL	638	
HCIFS	1836	An Act To Amend Maine's Financial Institution Merger Statutes and Modernize Certain Sections of Title 9-B	Reported Out	OTP-AM		2/9/22	Emergency Enacted	PL	508	
HCIFS	1837	An Act To Clarify the Appeals Process for Decisions Related to the Maine Health Insurance Marketplace	Reported Out	OTP-AM		2/16/22	Emergency Enacted	PL	511	
HCIFS	1842	Resolve, Regarding Legislative Review of Portions of Chapter 120: Release of Data to the Public, a Major Substantive Rule of the Maine Health Data Organization	Reported Out	OTP		2/7/22	Emergency Finally Passed	RESLV	129	
HCIFS	1855	An Act Regarding Point-of-dispensing Sites for Immunizations against COVID-19	Reported Out	OTP-AM		2/14/22	Emergency Enacted	PL	509	
HCIFS	1858	An Act Regarding Delegating Authority for Services Performed by Emergency Medical Services Personnel in Health Care Facilities	Reported Out	OTP-AM		3/29/22	Emergency Enacted	PL	587	
HCIFS	1882	Resolve, Directing the Department of Health and Human Services To Review the Requirements for Certification of Micropigmentation Practitioners	Reported Out	OTP		2/24/22	Emergency Finally Passed	RESLV	146	
HCIFS	1887	An Act To Establish the Securities Restitution Assistance Fund for Victims of Securities Violations	Reported Out	OTP-AM		3/8/22	Enacted	PL	576	
HCIFS	1910	An Act To Improve Children's Mental Health by Requiring Insurance Coverage for Certain Mental Health Treatment	Reported Out	OTP-AM		4/5/22	Emergency Enacted	PL	595	
HCIFS	1920	An Act To Enact the Interstate Counseling Compact To Address Inequities in Access to Clinical Counseling Services and Increase Maine's Provider Workforce	Reported Out	OTP-AM		2/24/22	Enacted	PL	547	



# DIGEST OF BILLS

## 130th Legislature, Second Regular Session - 2022

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### Health Coverage, Insurance and Financial Services (HCIFS)

Comm	LD	Title	Comm	Action	Carried Over from Prior Year?	Date of Last Comm Action	Final Disposition	Enacted Law		Analyst Note?
								Law	Ch	
HCIFS	1938	An Act To Prohibit Discriminatory Practices Related to the 340B Drug Pricing Program	Reported Out	ONTP		3/11/22	Ought Not to Pass Pursuant to Joint Rule 310			
HCIFS	1954	An Act To Ensure Access to Prescription Contraceptives	Reported Out	OTP-AM/ OTP-AM		4/1/22	Enacted	PL	609	
HCIFS	1956	An Act To Update the Consumer Credit Laws Related to Legal Funding Practices	Reported Out	ONTP/OTP		3/11/22	Accepted Majority (ONTP) Report			
HCIFS	1973	An Act To Support Frontline Health Care Workers by Waiving Professional Licensing Fees	Reported Out	ONTP		3/4/22	Ought Not to Pass Pursuant to Joint Rule 310			
HCIFS	1982	An Act To Protect Consumers' Privacy by Giving Them Greater Control of Their Data and To Establish Consumer Protections Regarding Small Dollar Loans	Reported Out	ONTP		3/16/22	Ought Not to Pass Pursuant to Joint Rule 310			
HCIFS	2004	An Act To Ensure Fairness of Representation in Insurance Disputes	Reported Out	ONTP		3/11/22	Ought Not to Pass Pursuant to Joint Rule 310			

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

**LD 482 An Act Regarding Pet Insurance**

**ENACTED LAW SUMMARY**

Public Law 2021, chapter 562 enacts requirements for the sale of pet insurance in this State, using model legislation developed by the National Association of Insurance Commissioners. The law does the following.

1. It defines terms used in pet insurance policies and contracts.
2. It requires insurers to make specific disclosures to consumers about the terms and conditions of a pet insurance policy and how claims are paid and gives policyholders the right to return a policy within 15 days.
3. It allows pet insurance policies to include exclusions for preexisting conditions as long as they are disclosed to consumers.
4. It allows pet insurance policies to include a waiting period for illnesses or orthopedic conditions but not accidents and provides that the waiting period may not exceed 30 days. An insurer must waive a waiting period if the covered pet undergoes a medical examination paid for by the policyholder.
5. It prohibits insurers and producers from marketing wellness programs as insurance and marketing wellness programs while selling, soliciting or negotiating pet insurance. Insurance producers must also be trained before selling pet insurance.

The requirements take effect January 1, 2023 and apply to pet insurance policies that are sold, solicited, negotiated or offered in this State and to policies issued to any resident of the State and certificates delivered or issued for delivery in this State.

**LD 665 An Act to Promote Better Dental Care for Cancer Survivors**

**ENACTED LAW SUMMARY**

Public Law 2021, chapter 683 requires a health insurance plan to include coverage for dental procedures that are medically necessary to reduce the risk of infection or eliminate infection or to treat tooth loss or decay in an enrollee prior to beginning cancer treatment or that are the direct or indirect result of cancer treatment. The requirements apply to all health plans issued or renewed on or after January 1, 2024.

The law also includes language stating the Legislature's finding that the changes are not an addition to the State's essential health benefits that would require the State to defray costs pursuant to the federal Patient Protection and Affordable Care Act.

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

**LD 1003 An Act to Improve Outcomes for Persons with Limb Loss**

**ENACTED LAW SUMMARY**

Public Law 2021, chapter 741 requires a health insurance carrier to provide coverage to enrollees under 18 years of age for a prosthetic device designed to meet an enrollee’s medical needs for recreational purposes. Under current law, health insurance carriers are required to provide coverage for a prosthetic device designed to meet an enrollee’s medical needs. The requirement applies to all health plans issued or renewed on or after January 1, 2024.

The law requires carriers to report to the Superintendent of Insurance on their claims experience with providing the covered services after four years, and the superintendent is required to report to the joint standing committee of the Legislature having jurisdiction over health coverage and insurance matters.

The law also includes language stating the Legislature’s finding that the changes are not an addition to the State’s essential health benefits that would require the State to defray costs pursuant to the federal Patient Protection and Affordable Care Act.

**LD 1196 An Act Regarding Reporting on Spending for Behavioral Health Care Services and To Clarify Requirements for Credentialing by Health Insurance Carriers**

**ENACTED LAW SUMMARY**

Public Law 2021, chapter 603 requires the Maine Quality Forum to submit an annual report, beginning January 15, 2023, for behavioral health care spending based on claims data reported to the Maine Health Data Organization and information on methods of reimbursement reported by insurers. Under current law, the Maine Quality Forum has been required to submit an annual report on primary care spending since 2020.

The law also makes changes to the process used by health insurance carriers to credential a health care provider as a member of a carrier’s provider network. The law requires health insurance carriers to make all credentialing decisions on a completed application within 60 days and requires an insurance carrier to notify a health care provider if an application is incomplete and needs correction within 30 days of initial receipt of an application. A carrier that is unable to make a credentialing decision on a completed credentialing application within the 60-day period must notify the Department of Professional and Financial Regulation, Bureau of Insurance in writing prior to the expiration of the 60-day period on that application and request authorization for an extension on that application. A carrier that requests an extension must also submit to the bureau an explanation of the reasons why the credentialing decision on an application is taking longer than is permitted or, if the problem is not specific to a particular application, a written remediation plan to bring the carrier’s credentialing practices in line with the 60-day limit.

The law also requires the Bureau of Insurance to review the requirements in Bureau of Insurance rule Chapter 850, Health Plan Accountability, related to the verification of information on

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

credentialing applications from health care practitioners and determine whether amendments must be made to the requirements for carriers to verify certain information on a credentialing application in order to improve the ability of carriers to make a credentialing decision within the 60-day period without an impact on quality standards or accreditation standards.

**LD 1266 An Act To Require Dental Plan Medical Loss Ratio Reporting and Review**

**ENACTED LAW SUMMARY**

Public Law 2021, chapter 529 establishes a medical loss ratio reporting requirement for dental plans and requires the publication of carrier-specific annual loss ratio levels on the Department of Professional and Financial Regulation, Bureau of Insurance's publicly accessible website. The law also directs the bureau to calculate an aggregate average loss ratio by market segment over a three-year period to identify and review dental plans that have loss ratios that deviate from those averages. The law gives the bureau authority to order the filing of remediation plans for identified outliers.

The requirements apply to dental plans issued or renewed on or after January 1, 2023 but do not apply to self-insured plans or to individual or group dental plans for which the contract is issued outside of this State.

**LD 1331 An Act To Make Individual and Small Group Health Insurance More Affordable in Certain High-premium Counties**

**ENACTED LAW SUMMARY**

Public Law 2021, chapter 655 reduces the maximum rating factor for geographic area that may be used by health insurance carriers to determine individual and small group health insurance premiums to 1.25 for plan year 2024 and thereafter. Under current law, the maximum rating factor due to geographic area is 1.5.

The law also requires the Superintendent of Insurance to report to the Legislature, no later than December 1, 2023, on the difference in premium rates in each geographic rating area used by a carrier for plan years 2023 and 2024.

**LD 1357 An Act To Clarify Health Insurance Coverage for Postpartum Care**

**ENACTED LAW SUMMARY**

Public Law 2021, chapter 691 clarifies that maternity benefits provided by health insurance plans must include coverage for 12 months of postpartum care that meets the recommendations of the American College of Obstetricians and Gynecologists. The requirements apply to individual and group health plans issued or renewed on or after January 1, 2023.

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

The law also includes language stating the Legislature’s finding that the changes are not an addition to the State’s essential health benefits that would require the State to defray costs pursuant to the federal Patient Protection and Affordable Care Act.

**LD 1390 An Act To Maximize Health Care Coverage for the Uninsured through Easy Enrollment in the MaineCare Program or in a Qualified Health Plan in the Marketplace**

**ENACTED LAW SUMMARY**

Public Law 2021, chapter 715 establishes the easy enrollment program to identify individuals and families who are uninsured but potentially eligible for benefits under the MaineCare program or enrollment in a qualified health plan in the Maine Health Insurance Marketplace through the state income tax filing system. Beginning in tax year 2023, the law requires the Department of Administrative and Financial Services, Bureau of Revenue Services to add check-off boxes to the state income tax form that allow an individual who is filing a state income tax return to identify that the individual or the individual’s spouse or dependents are uninsured and authorize the bureau to share that information with the marketplace. The marketplace must determine eligibility and follow up with the individual filing the tax return. A special enrollment period on the marketplace is available to the uninsured individuals. The marketplace must offer assistance with the enrollment process for a qualified health plan and the Department of Health and Human Services must offer assistance with MaineCare enrollment.

The law requires the marketplace and the Department of Health and Human Services, after consultation with the Superintendent of Insurance, to jointly develop outreach materials and programming to communicate the purpose of the income tax check-off and the potential benefits of enrolling in a qualified health plan through the marketplace or in the MaineCare program. The law also requires the establishment of an advisory group to assist with improving the effectiveness of the program and requires the Department of Health and Human Services to report annually to the Legislature on the easy enrollment program starting in November 2024.

**LD 1539 An Act To Provide Access to Fertility Care**

**ENACTED LAW SUMMARY**

Public Law 2021, chapter 692 requires health insurance carriers to provide coverage for fertility diagnostic care, for fertility treatment if the enrollee is a fertility patient and for fertility preservation services. The requirements apply to individual and group health plans issued or renewed on or after January 1, 2024.

The law permits a health plan that provides coverage for the required services to include reasonable limitations subject to certain conditions and in accordance with rules adopted by the Superintendent of Insurance. The law authorizes the Superintendent of Insurance to adopt routine technical rules to implement the provisions of the law including, without limitation, cost-sharing,

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

benefit design and clinical guidelines. In adopting rules, the Superintendent must consider the clinical guidelines developed by the American Society for Reproductive Medicine.

The law also requires the Superintendent of Insurance to consult with the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services to evaluate whether fertility benefits may be part of the essential health benefit package that is required under all health insurance plans in the State and to report the outcome of that consultation to the joint standing committee of the Legislature having jurisdiction over health coverage, insurance and financial services matters by December 31, 2022.

**LD 1636 An Act To Determine Potential Savings in Prescription Drug Costs by Using International Pricing**

**ENACTED LAW SUMMARY**

Beginning January 1, 2023, Public Law 2021, chapter 606 requires the Maine Health Data Organization to annually report on the 100 most costly prescription drugs and the 100 most frequently prescribed prescription drugs in the State determined based on the payments reported in the organization's claims database for the most current 12-month period and determine the potential savings that could be achieved by subjecting those drugs to a referenced rate. The referenced rate must be calculated as the lowest cost from official publications of certain Canadian provincial government agencies and the wholesale acquisition cost.

**LD 1752 An Act To Provide Insurance Coverage for a Beneficiary on a Transfer on Death Deed**

**ENACTED LAW SUMMARY**

Public Law 2021, chapter 497 requires a property insurance insurer to extend coverage for a limited time to a designated beneficiary named on a transfer of death deed when the transferor dies. It provides that the insurer, upon receiving a notice of death affidavit, may cancel the contract as if it had been in effect for less than 90 days as provided in current law and provides that the policy automatically cancels as of the transferor's death if the insurer has not received a notice of death affidavit within 30 days after the transferor's death. The law also limits coverage to the property transferred, requires the beneficiary to comply with the policy conditions, allows the insurer to request proof of the transferee's status as a designated beneficiary and, if there are multiple designated beneficiaries, limits the insurer's liability to what it would have owed the transferor at the time of loss or damage.

Public Law 2021, chapter 497 was enacted as an emergency measure effective March 16, 2022.

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

**LD 1776 An Act To Allow Pharmacists to Dispense an Emergency Supply of Chronic Maintenance Drugs**

**ENACTED LAW SUMMARY**

Public Law 2021, chapter 566 allows a pharmacist to dispense an emergency supply of a chronic maintenance drug to a patient without a prescription if the pharmacist is unable to obtain authorization to refill the prescription from a health care provider and the pharmacist has a record of the prescription in the name of the patient, including the amount of the drug dispensed in the most recent prescription or the standard unit of dispensing the drug, and that record does not indicate that no emergency supply is permitted. A pharmacist may dispense an emergency supply of a chronic maintenance drug to a patient as long as the following conditions are met:

1. The drug dispensed may not be a controlled substance included in Schedules I and II under the federal Controlled Substances Act;
2. The amount dispensed may not exceed a 30-day supply or, if the standard unit of dispensing exceeds a 30-day supply, may not exceed the smallest standard unit of dispensing, except that, if the drug is included on Schedule III or IV of the federal Controlled Substances Act, the amount dispensed may not exceed a seven-day supply;
3. The pharmacist may not dispense the chronic maintenance drug in an emergency supply to the same patient more than twice in a 12-month period; and
4. The pharmacist must determine, in the pharmacist's professional judgment, that the prescription is essential to sustain the life of the patient or to continue therapy for a chronic condition of the patient and that failure to dispense the drug could reasonably produce undesirable health consequences or cause physical or mental discomfort.

The law requires that the pharmacist notify the practitioner who issued the prescription or another practitioner responsible for the patient's care no later than 72 hours after the emergency supply is dispensed.

Public Law 2021, chapter 566 also requires health insurance carriers to make available coverage in all health plans for an emergency supply of a chronic maintenance drug dispensed in this manner. Any cost-sharing requirement applicable to that chronic maintenance drug may be imposed by a health insurer on an emergency supply.

**LD 1778 An Act To Improve Health Care Affordability and Increase Options for Comprehensive Coverage for Individuals and Small Businesses in Maine**

**ENACTED LAW SUMMARY**

Public Law 2021, chapter 518 requires that the Office of Affordable Health Care, beginning in 2023, expand the scope of its annual public hearing on cost trends to include barriers to health care

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

affordability. The law specifies that the hearing must include an opportunity for public comment on these barriers.

The law also requires the office to study the effects of policies aimed at improving health care affordability and coverage, including effects on the affordability of premiums and cost-sharing in the individual and small group health insurance markets, and the effects of the policies on enrollment in comprehensive health coverage. It directs the office to provide a report of its findings to the joint standing committee of the Legislature having jurisdiction over health coverage and insurance matters no later than January 1, 2024.

**LD 1783 An Act To Require Health Insurance Carriers and Pharmacy Benefits Managers To Appropriately Account for Cost-sharing Amounts Paid on Behalf of Insureds**

**ENACTED LAW SUMMARY**

Public Law 2021, chapter 744 requires health insurance carriers and their pharmacy benefits managers to include cost-sharing amounts paid on behalf of an insured when calculating the insured's contribution to any out-of-pocket maximum, deductible or copayment when a drug does not have a generic equivalent or was obtained through prior authorization, a step therapy override exception or an exception or appeal process.

The law requires that a person who pays any amount on behalf of a covered person for a covered prescription drug must notify the covered person prior to or within seven days of the acceptance of the financial assistance of the total amount of assistance available and the duration for which it is available and prohibits the conditioning of the assistance on enrollment in a specific health plan or type of health plan. The requirements do not apply when their application to a person who has a health savings account would result in a covered person's ineligibility for that health savings account under federal law, except for items or services that are determined to be preventive care.

The requirements apply to prescription drug benefits provided pursuant to a contract or policy of insurance by a carrier or a pharmacy benefits manager on behalf of a carrier on or after January 1, 2023.

**LD 1798 An Act To Ensure Health Insurance Coverage for Certain Adults with Disabilities**

**ENACTED LAW SUMMARY**

Public Law 2021, chapter 520 requires health insurance policies that offer coverage for a dependent child to offer coverage for adults with disabilities who are unable to sustain themselves through employment in the same manner as for a dependent child on a parent's policy. The law clarifies that a health insurance carrier is required to offer coverage for a dependent child with a disability, at the option of the policyholder, regardless of age. The law also makes clear that the definition of "disability" includes a mental disability.



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

**LD 1815 An Act To Revise Certain Financial Regulatory Provisions of the Maine Insurance Code To Be Consistent with Model Laws from the National Association of Insurance Commissioners**

**ENACTED LAW SUMMARY**

Public Law 2021, chapter 521 amends the Maine Revised Statutes, Title 24-A, section 222 to enact the most recent revisions to the National Association of Insurance Commissioners Holding Company Model Act, which establish the group capital calculation and liquidity stress test framework and provide additional safeguards to ensure the performance of contracts between a domestic insurer and its noninsurer affiliates. The law also provides a uniform definition of “National Association of Insurance Commissioners” or “NAIC” throughout Title 24-A and a unified framework for controlling access to confidential information when the Department of Professional and Financial Regulation, Bureau of Insurance engages outside contractors.

Public Law 2021, chapter 521 was enacted as an emergency measure effective March 29, 2022.

**LD 1822 An Act To Improve Access to Behavioral Health Services by Limiting Cost Sharing by Insurers**

**ENACTED LAW SUMMARY**

Public Law 2021, chapter 638 does the following.

With respect to individual and small group health plans with an effective date on or after January 1, 2023, the law requires that, following the first visit provided without cost sharing, the copayment amount for a behavioral health office visit not be greater than the copayment amount for a primary care office visit and that any copayments for a primary care office visit and a behavioral health office visit count toward the deductible.

With respect to a group health plan other than a small group health plan with an effective date on or after January 1, 2023, the law requires that coverage be provided without cost sharing for the first primary care office visit and first behavioral health office visit in each plan year and that, following the first visit, the copayment amount for a behavioral health office visit not be greater than the copayment amount for a primary care office visit.

The law also requires carriers to demonstrate compliance with federal mental health parity laws and directs the Superintendent of Insurance to take certain actions, including examination and reporting requirements, related to enforcement of mental health parity laws. These requirements are repealed on April 30, 2028.

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

**LD 1836 An Act To Amend Maine’s Financial Institution Merger Statutes and Modernize Certain Sections of Title 9-B**

**ENACTED LAW SUMMARY**

Public Law 2021, chapter 508 amends the laws governing certain processes pertaining to financial institution mergers and consolidations, increases the capital required to charter a new institution, replaces a United States Treasury target rate for mortgage escrows with an updated substantially equivalent rate and clarifies that the Superintendent of Financial Institutions may engage experts if needed to carry out regulatory functions.

Public Law 2021, chapter 508 was enacted as an emergency measure effective March 16, 2022.

**LD 1837 An Act To Clarify the Appeals Process for Decisions Related to the Maine Health Insurance Marketplace**

**ENACTED LAW SUMMARY**

Public Law 2021, chapter 511 provides that an appeal decision made by the Department of Health and Human Services’ administrative hearings unit, which is the appeals entity for the Maine Health Insurance Marketplace, is not subject to judicial review under the Maine Administrative Procedure Act and the Maine Rules of Civil Procedure, Rule 80C. The law specifies that a decision in such a case may be appealed to the United States Department of Health and Human Services pursuant to 45 Code of Federal Regulations, Section 155.520(c).

Public Law 2021, chapter 511 was enacted as an emergency measure effective March 25, 2022. The law applies to any decision of the Maine Health Insurance Marketplace made prior to, on or after March 25, 2022 that may be appealed to the Department of Health and Human Services’ administrative hearings unit.

**LD 1842 Resolve, Regarding Legislative Review of Portions of Chapter 120: Release of Data to the Public, a Major Substantive Rule of the Maine Health Data Organization**

**ENACTED LAW SUMMARY**

Resolve 2021, chapter 129 authorizes final adoption of portions of Chapter 120: Release of Data to the Public, a major substantive rule of the Maine Health Data Organization.

Resolve 2021, chapter 129 was finally passed as an emergency measure effective March 16, 2022.

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

**LD 1855 An Act Regarding Point-of-dispensing Sites for Immunizations against COVID-19**

**ENACTED LAW SUMMARY**

Public Law 2021, chapter 509 expands the applicability of the law permitting the delegation of COVID-19 vaccine administration at point-of-dispensing vaccine sites so that it applies beyond a declared state of emergency. When it was originally enacted, Public Law 2021, chapter 28, Part D, section 1 provided authority to delegate COVID-19 vaccine administration at point-of-dispensing sites only during a declared state of emergency and any renewals of that declaration.

Public Law 2021, chapter 509 was enacted as an emergency measure effective March 16, 2022.

**LD 1858 An Act Regarding Delegating Authority for Services Performed by Emergency Medical Services Personnel in Health Care Facilities**

**ENACTED LAW SUMMARY**

Current law authorizes licensed emergency medical services persons to provide medical services in hospital settings under delegated authority. Public Law 2021, chapter 587 authorizes licensed emergency medical services persons to provide medical services in health care facility settings that are not hospital settings under delegated authority if certain criteria are met. The law provides that the medical service must be rendered in the person's capacity as an employee of the hospital or health care facility.

The law authorizes emergency medical services persons to provide services described in a pilot project approved by the Emergency Medical Services' Board on October 6, 2021, which services are within the lawful scope of practice for emergency medical services persons pursuant to statute, as long as the pilot project remains approved.

The law also directs the Board of Licensure in Medicine and the Board of Osteopathic Licensure, in consultation with the Emergency Medical Services' Board and interested stakeholders, to develop guidance under which physicians and physician assistants may delegate activities to an individual acting contemporaneously pursuant to a contractual arrangement as a medical assistant under delegated authority and as a licensed emergency medical services person. The boards are required to submit a report including the guidance and any recommendations for statutory changes to the joint standing committee of the Legislature having jurisdiction over physician licensing matters no later than January 31, 2023.

Public Law 2021, chapter 587 was enacted as an emergency measure effective April 12, 2022.

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

**LD 1882 Resolve, Directing the Department of Health and Human Services To Review the Requirements for Certification of Micropigmentation Practitioners**

**ENACTED LAW SUMMARY**

Resolve 2021, chapter 146 directs the Department of Health and Human Services to review and evaluate training and board certification requirements for engaging in the practice of micropigmentation. The resolve requires that the department must address how to increase access to the field of micropigmentation, including by reducing the number of training hours required under the Maine Revised Statutes, Title 32, section 4313. By November 2, 2022, the department shall submit a report to Legislature regarding the results of the review and evaluation.

Resolve 2021, chapter 146 was finally passed as an emergency measure effective April 10, 2022.

**LD 1887 An Act To Establish the Securities Restitution Assistance Fund for Victims of Securities Violations**

**ENACTED LAW SUMMARY**

Public Law 2021, chapter 576 establishes in the Department of Professional and Financial Regulation, Office of Securities the Securities Restitution Assistance Fund. The fund will be used to provide financial assistance to victims of securities violations that were awarded restitution in a final order issued by the Securities Administrator or were awarded restitution in a final order in a legal action initiated by the administrator but did not receive the full amount of restitution ordered before the application for restitution assistance was due. The fund is funded initially by a one-time transfer of \$350,000 from the available balance of the dedicated revenue of the Office of Securities. Thereafter, the fund will be funded by a portion of agent and investment adviser representative renewal license fees and any grants, donations or other money received by the administrator for victim restitution assistance.

**LD 1910 An Act To Improve Children’s Mental Health by Requiring Insurance Coverage for Certain Mental Health Treatment**

**ENACTED LAW SUMMARY**

Public Law 2021, chapter 595 clarifies that health insurance carriers may not deny treatment for mental health treatment services that use evidence-based practices and are determined to be medically necessary health care for an individual 21 years of age or younger. The law defines “evidence-based practices” as clinically sound and scientifically based policies, practices and programs that reflect expert consensus on the prevention, treatment and recovery science, including, but not limited to, policies, practices and programs published and disseminated by the Substance Abuse and Mental Health Services Administration and the Title IV-E Prevention Services Clearinghouse within the United States Department of Health and Human Services, the What Works Clearinghouse within the United States Department of Education, Institute of

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

Education Sciences and the California Evidence-Based Clearinghouse for Child Welfare within the California Department of Social Services, Office of Child Abuse Prevention.

The law also makes technical changes to state law requirements related to mental health parity to be consistent with federal law and regulations. Changes to the mental health parity provisions were initially codified in state law in Public Law 2019, chapter 5, Part D, but these technical changes were not included at that time.

Public Law 2021, chapter 595 was enacted as an emergency measure effective April 14, 2022.

**LD 1920 An Act To Enact the Interstate Counseling Compact To Address Inequities in Access to Clinical Counseling Services and Increase Maine’s Provider Workforce**

**ENACTED LAW SUMMARY**

Public Law 2021, chapter 547 enacts the Interstate Counseling Compact, which provides a mechanism to facilitate interstate practice of licensed professional counselors in order to improve public access to professional counseling services.

**LD 1954 An Act To Ensure Access to Prescription Contraceptives**

**ENACTED LAW SUMMARY**

Public Law 2021, chapter 609 requires health insurance policies to cover all contraceptive drugs, devices and products approved by the federal Food and Drug Administration without any deductible, coinsurance, copayment or other cost-sharing requirement. If the federal Food and Drug Administration has approved one or more therapeutic equivalents of a contraceptive supply, an insurer or a health maintenance organization is not required to cover all those therapeutically equivalent versions, as long as at least one is covered without any deductible, coinsurance, copayment or other cost-sharing requirement. It also requires all individual and group nonprofit hospital and medical services plan policies and contracts and all nonprofit health plan policies and contracts that provide coverage for prescription drugs or outpatient services to provide coverage for the furnishing or dispensing of prescribed contraceptive drugs, devices and products intended to last for a 12-month period, as is required of other types of health insurance policies.

The law’s requirements apply to individual and group policies and contracts issued by insurers and health maintenance organizations issued or renewed on or after January 1, 2023.

The law also includes language stating the Legislature’s finding that the changes are not an addition to the State’s essential health benefits that would require the State to defray costs pursuant to the federal Patient Protection and Affordable Care Act.