

**STATE OF MAINE**  
126<sup>TH</sup> LEGISLATURE  
FIRST REGULAR SESSION



Summaries of bills, adopted amendments and laws enacted or finally passed

**JOINT STANDING COMMITTEE ON INSURANCE AND  
FINANCIAL SERVICES**

July 2013

**MEMBERS:**

SEN. GEOFFREY M. GRATWICK, CHAIR  
SEN. RICHARD G. WOODBURY  
SEN. RODNEY L. WHITTEMORE

REP. SHARON ANGLIN TREAT, CHAIR  
REP. PAULETTE G. BEAUDOIN  
REP. HENRY E. M. BECK  
REP. TERRY K. MORRISON  
REP. JANICE E. COOPER  
REP. JANE P. PRINGLE  
REP. JOYCE A. FITZPATRICK  
REP. MICHAEL D. MCCLELLAN  
REP. RAYMOND A. WALLACE  
REP. PETER DOAK

**STAFF:**

COLLEEN MCCARTHY REID, LEGISLATIVE ANALYST  
OFFICE OF POLICY AND LEGAL ANALYSIS  
13 STATE HOUSE STATION  
AUGUSTA, ME 04333  
(207) 287-1670

*Joint Standing Committee on Insurance and Financial Services*

**LD 44 An Act Regarding Pharmacy Provider Audits**

**PUBLIC 71**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
BECK LACHOWICZ	OTP-AM	H-45

This bill limits the total amount that may be recouped in pharmacy audits to dispensing fees, unless a misfill occurs. The bill prohibits collection of amounts due as a result of an audit until the audit is complete and appeals are exhausted, unless there is evidence of pharmacy fraud or intentional or willful misrepresentation. The bill also limits access by pharmacy auditors to certain records, requires auditors to give advance notice of an audit and requires the random sampling of pharmacy transactions.

**Committee Amendment "A" (H-45)**

This amendment replaces the bill. The amendment adds provisions to the requirements in current law relating to on-site audits of pharmacy providers conducted by pharmacy benefits managers on behalf of health insurance carriers. The amendment requires auditors to give advance notice of audits, gives pharmacy providers the right to request mediation to resolve disagreements and makes clear that provisions relating to retrospective denial of claims apply to pharmacy claims subject to an audit.

**Enacted Law Summary**

Public Law 2013, chapter 71 adds provisions to the requirements in current law relating to on-site audits of pharmacy providers conducted by pharmacy benefits managers on behalf of health insurance carriers. The law requires auditors to give advance notice of audits, gives pharmacy providers the right to request mediation to resolve disagreements and makes clear that provisions relating to retrospective denial of claims apply to pharmacy claims subject to an audit.

**LD 70 An Act To Require Full Disclosure by Insurance Carriers Using Credit Ratings**

**ONTP**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
BEAUDOIN	ONTP	

This bill requires an insurer that obtains credit information on a consumer to provide the consumer with notice of the consumer's credit rating and identify the impact of that rating on rates and coverage as part of the policy issued to the consumer.

**LD 83 An Act To Protect Health Insurance Ratepayers from Undocumented Rate Increases**

**ONTP**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
PATRICK PETERSON	ONTP	

This bill restores the statutory process for advance review and prior approval of individual health insurance rates and rescinds the changes to the rate review process for individual health insurance made by Public Law 2011, chapter 90.

***Joint Standing Committee on Insurance and Financial Services***

While LD 83 was voted "Ought Not to Pass", a related substantive provision restoring the statutory process for advance review and prior approval of individual health insurance rates was included in Committee Amendment "A" to LD 225, An Act to Restore Consumer Rate Review for Health Insurance Plans in the Individual Market. See LD 225.

**LD 102      An Act To Improve Health Insurance Transparency**

**ONTP**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
GOODE GRATWICK	ONTP	

This bill restores the statutory process for advance review and prior approval of individual health insurance rates and repeals the changes to the rate review process for individual health insurance made by Public Law 2011, chapter 90.

The bill also extends the same process for advance review and prior approval for small group health insurance rates. The bill also makes the proceedings of the Maine Guaranteed Access Reinsurance Association open to the public as provided in the Freedom of Access Act.

While LD 102 was voted "Ought Not to Pass", a related substantive provision restoring the statutory process for advance review and prior approval of individual health insurance rates was included in Committee Amendment "A" to LD 225, An Act to Restore Consumer Rate Review for Health Insurance Plans in the Individual Market. See LD 225.

**LD 129      An Act To Give Retroactive Effect to the State Employee Health  
Commission's Reconsideration of Hospital Ratings**

**ACCEPTED  
MAJORITY  
(ONTP) REPORT**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
BURNS MAKER	ONTP OTP-AM	

This bill, which is a concept draft pursuant to Joint Rule 208, proposes to give retroactive effect to the State Employee Health Commission's reconsideration of hospital ratings. After publishing a list of hospitals that qualify for the maximum amount in coverage of costs under the health insurance plan that covers state employees, the State Employee Health Commission added to the list 6 hospitals that, effective October 1, 2012, qualify for such preferential health insurance coverage. The bill proposes to provide funds to reimburse those insureds who received services at one or more of those 6 hospitals during the period from July 1, 2012, when the initial list was published, to October 1, 2012 for the applicable difference in copayments and deductibles.

**Committee Amendment "A" (S-144)**

This amendment is the minority report of the committee and replaces the bill. The amendment requires the Executive Director of Health Insurance to calculate the amounts of and reimburse those members enrolled in the state employee health plan for the applicable differences in copayments and deductibles for services received at one or more of 6 hospitals not included on the State Employee Health Commission's list of preferred hospitals from July 1, 2012, when the initial list was published, to October 1, 2012, when those hospitals were added to the list. The amendment also provides funds for the reimbursement in an appropriations and allocations section.

Committee Amendment "A" was not adopted.

*Joint Standing Committee on Insurance and Financial Services*

**LD 133 An Act To Allow an Operator of a Motor Vehicle To Show Proof of Insurance by Electronic Means**

**PUBLIC 72**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
FITZPATRICK JACKSON T	OTP-AM	H-52

This bill provides that evidence of liability insurance or financial responsibility may be in electronic form.

**Committee Amendment "A" (H-52)**

This amendment replaces the bill. The amendment provides that evidence of liability insurance or financial responsibility may be in electronic form when an operator of a motor vehicle registers a motor vehicle and when an operator is stopped by a law enforcement officer for a moving violation or is involved in an accident. The amendment clarifies that providing proof of insurance on a portable electronic device does not constitute consent for a law enforcement officer to access other contents of the portable electronic device. The amendment also makes technical changes to reflect the authorization to issue evidence of liability insurance or financial responsibility in electronic form.

**Enacted Law Summary**

Public Law 2013, chapter 72 provides that evidence of liability insurance or financial responsibility may be in electronic form when an operator of a motor vehicle registers a motor vehicle and when an operator is stopped by a law enforcement officer for a moving violation or is involved in an accident. The law clarifies that providing proof of insurance on a portable electronic device does not constitute consent for a law enforcement officer to access other contents of the portable electronic device. The law also makes technical changes to reflect the authorization to issue evidence of liability insurance or financial responsibility in electronic form.

**LD 146 Resolve, Directing the Bureau of Insurance To Study Issues Related to Long-term Care Insurance**

**VETO  
SUSTAINED**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
TREAT CRAVEN	OTP-AM	H-211

This bill prohibits unfair discrimination on the basis of gender in the underwriting of long-term care insurance. The bill also requires the Department of Professional and Financial Regulation, Bureau of Insurance to evaluate the best methods to stabilize rates for long-term care insurance and to submit a report to the Joint Standing Committee on Insurance and Financial Services.

**Committee Amendment "A" (H-211)**

This amendment replaces the bill with a resolve directing the Department of Professional and Financial Regulation, Bureau of Insurance to study issues related to long-term care insurance, including, but not limited to, methods to stabilize rates and prevent unfair discrimination based on gender or other factors. The resolve requires the bureau to submit a report to the Joint Standing Committee on Insurance and Financial Services by February 1, 2014 and authorizes the committee to submit a bill based on the report to the Second Regular Session of the 126th Legislature.

*Joint Standing Committee on Insurance and Financial Services*

**LD 158      An Act To Amend the Notice of Risk to Personal Data Act To Further  
Protect Consumers**

**DIED BETWEEN  
HOUSES**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
TREAT PATRICK	ONTP OTP-AM	

This bill requires that notice of a security breach pursuant to the Notice of Risk to Personal Data Act must be made no later than 30 days after discovery of the breach to residents affected by the breach and must be made immediately to state regulators. The bill also doubles the financial penalties for a civil violation.

**Committee Amendment "A" (H-151)**

This amendment is the minority report of the committee and replaces the bill. The amendment does the following with respect to the Notice of Risk to Personal Data Act.

1. It clarifies the definition of "breach of the security of the system" to include lost, misplaced or unaccounted for computerized data that includes personal information and requires notice to be provided to residents affected by a breach within 60 days unless the computerized data becomes accounted for prior to the 60-day deadline.
2. It requires that notice of a breach must be provided to state regulators no later than 10 days after discovery of the breach.
3. It clarifies that a notice to residents affected by a breach may be delayed only pursuant to a written request from a law enforcement agency.
4. It does not include the provision in the bill increasing the penalties for violations.

Committee Amendment "A" was adopted in the House, but was not adopted in the Senate.

**LD 161      An Act To Restrict a Health Insurance Carrier to Rating on the Basis of  
One Geographic Area**

**VETO  
SUSTAINED**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
LUCHINI	OTP-AM ONTP	H-288

This bill eliminates the ability of health insurers to establish a separate premium rate variation on the basis of geographic area, which was enacted as part of Public Law 2011, chapter 90. The bill merges the rating bands for age and geographic area so that the combined rate differential due to age and geographic area may not exceed a ratio of 3 to 1 beginning January 1, 2014 for all individual and small group health insurance policies.

**Committee Amendment "A" (H-288)**

This amendment is the majority report of the committee and replaces the bill. The amendment requires health insurance carriers to use only one rating area based on geography within the State when establishing rates for individual and small group health plans issued or renewed on or after January 1, 2015.

*Joint Standing Committee on Insurance and Financial Services*

**LD 176      An Act To Amend and Clarify the Maine Uniform Securities Act**

**PUBLIC 39**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
WHITTEMORE MORRISON	OTP-AM	S-18

The Maine Uniform Securities Act currently provides the Securities Administrator of the Office of Securities within the Department of Professional and Financial Regulation with the authority to institute a revocation or suspension proceeding against a licensee within one year after withdrawal of a license by a licensee. This bill allows the administrator also to institute a revocation or suspension proceeding within one year of a license's becoming ineffective due to nonrenewal.

The bill clarifies that the culpable mental state that must be proven to support a criminal conviction of a person under the Maine Uniform Securities Act is that the person intentionally or knowingly engaged in conduct that violated the Act and that no proof of knowledge of the law is required.

The Maine Uniform Securities Act provides for an order of restitution as part of a civil or criminal action under the Act. The bill allows the administrator to order restitution in a final order as part of an administrative proceeding. The Maine Uniform Securities Act provides that an order of the administrator may be appealed to the Superior Court by the person against whom the order is issued.

**Committee Amendment "A" (S-18)**

This amendment removes language that is not necessary to clarify the statute.

**Enacted Law Summary**

Public Law 2013, chapter 39 allows the Securities Administrator of the Office of Securities within the Department of Professional and Financial Regulation with the authority to institute a revocation or suspension proceeding against a licensee within one year of a license's becoming ineffective due to nonrenewal. Current law allows the administrator to institute a revocation or suspension proceeding within one year after withdrawal of a license by a licensee.

The law clarifies that the culpable mental state that must be proven to support a criminal conviction of a person under the Maine Uniform Securities Act is that the person intentionally or knowingly engaged in conduct that violated the Act and that no proof of knowledge of the law is required.

The Maine Uniform Securities Act provides for an order of restitution as part of a civil or criminal action under the Act. The law allows the administrator to order restitution in a final order as part of an administrative proceeding.

**LD 204      An Act To Amend the Laws That Govern the Activities of Insurance Adjusters**

**ACCEPTED  
MAJORITY  
(ONTP) REPORT**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
SHAW	ONTP OTP-AM	

Current law prohibits an insurance adjuster from soliciting or offering 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.

## *Joint Standing Committee on Insurance and Financial Services*

This bill repeals that prohibition.

### **Committee Amendment "A" (H-12)**

This amendment replaces the bill and is the minority report of the committee. Current law prohibits a public insurance adjuster from soliciting or offering 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. This amendment removes that prohibition and instead provides that public insurance adjusters may not solicit or offer a contract during an accident or occurrence. The amendment also extends the time in which a person may rescind an adjustment services contract from 2 to 4 business days after the contract is signed.

Committee Amendment "A" was not adopted.

### **LD 205      An Act To Exempt Free Clinics from Licensing under the Charitable Solicitations Act**

**PUBLIC 60**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
ROCHELO DUTREMBLE	OTP-AM	H-26

This bill exempts incorporated nonprofit health facilities that provide health care to persons at no charge from licensing requirements under the Charitable Solicitations Act.

### **Committee Amendment "A" (H-26)**

This amendment defines free clinics and exempts free clinics from the licensing requirements under the Charitable Solicitations Act. Like other exempt charitable organizations, free clinics will be required to annually apply for the exemption pursuant to the process in current law.

### **Enacted Law Summary**

Public Law 2013, chapter 60 defines free clinics and exempts free clinics from the licensing requirements under the Charitable Solicitations Act. Like other exempt charitable organizations, free clinics will be required to annually apply for the exemption pursuant to the process in current law.

### **LD 225      An Act To Restore Consumer Rate Review for Health Insurance Plans in the Individual Market**

**VETO  
SUSTAINED**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
LIBBY N CRAVEN	OTP-AM ONTP	H-314

This bill restores the statutory process for advance review and prior approval of individual health insurance rates and rescinds the changes to the rate review process for individual health insurance made by Public Law 2011, chapter 90. The bill also extends the requirement for advance review and prior approval to small group health insurance rates. The bill requires the Superintendent of Insurance to hold a hearing if a filing proposes an increase in rates in individual or small group health insurance plans and requires the superintendent to hold meetings in at least 3 locations to allow public comment as part of any hearing.

### **Committee Amendment "A" (H-314)**

This amendment is the majority report of the committee and replaces the bill. The amendment does the following.



*Joint Standing Committee on Insurance and Financial Services*

**LD 448 An Act To Authorize the State Employee Health Commission's Preferred Provider Program**

**ONTP**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
HILL EVES	ONTP	

This bill authorizes the State Employee Health Commission to develop and implement a preferred provider program, health insurance program or any other program the purpose of which is to rank into tiers health care providers, including hospitals and health care organizations, to determine preferred hospital or health care provider status for the state employee health insurance program and to steer the state employee health insurance program members to be treated by or to consult with certain health care providers, including hospitals and health care organizations, based on cost and quality of health care. The commission is directed to adopt major substantive rules to develop and implement the preferred provider program.

**LD 452 An Act Concerning Hurricane Deductibles**

**PUBLIC 38**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MORRISON WHITTEMORE	OTP-AM	H-17

This bill requires the Superintendent of Insurance to adopt routine technical rules concerning the use of hurricane deductibles used in policies subject to the property insurance cancellation control laws.

**Committee Amendment "A" (H-17)**

This amendment clarifies language in the bill.

**Enacted Law Summary**

Public Law 2013, chapter 38 requires the Superintendent of Insurance to adopt routine technical rules concerning the use of hurricane deductibles used in policies subject to the property insurance cancellation control laws.

**LD 454 An Act Relating to Health Care Provider Liability Claims Reports**

**PUBLIC 59**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
BECK CLEVELAND	OTP-AM	H-25

The purpose of this bill is to correct an inconsistency within the Maine Health Security Act. Currently the Superintendent of Insurance is required to forward to the Board of Licensure in Medicine and the Board of Osteopathic Licensure information received from professional liability insurers concerning claims against those they insure who are licensed by those boards. Professional liability insurers are also required to provide the superintendent information concerning claims against health care providers, but the superintendent is not authorized to provide information on those claims to the state agencies that license those health care providers. This bill gives authority to the superintendent to submit these reports to the appropriate licensing authority.

**Committee Amendment "A" (H-25)**

This amendment adds a provision to the bill clarifying the authority of the Superintendent of Insurance to submit

*Joint Standing Committee on Insurance and Financial Services*

reports of cancellation and nonrenewals from professional liability insurers to the appropriate state licensing authority for health care providers. The amendment makes this provision consistent with the bill, which clarifies the authority of the superintendent to submit professional liability insurance claims reports to those same state licensing authorities.

**Enacted Law Summary**

Public Law 2013, chapter 59 gives authority to the superintendent to submit liability claims reports and reports of cancellation and nonrenewals from professional liability insurers to the appropriate state licensing authority for health care providers. Currently the Superintendent of Insurance is required to forward to the Board of Licensure in Medicine and the Board of Osteopathic Licensure liability claims reports and reports of cancellation and nonrenewals from professional liability insurers against those they insure who are licensed by those boards, but the superintendent is not authorized to provide that information to the state agencies that license other health care providers.

**LD 506      Resolve, Directing the Bureau of Insurance To Amend Its Rules  
                 Pertaining to Medicare Advantage Plans**

**RESOLVE 19  
EMERGENCY**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
LANGLEY	OTP	

This resolve directs the Department of Professional and Financial Regulation, Bureau of Insurance to amend its rules to clarify that a Medicare beneficiary who is enrolled in a Medicare Advantage plan may enroll in another Medicare Advantage plan with the same insurer or a different insurer for a period of 3 years without affecting the Medicare beneficiary's continuity of coverage.

**Enacted Law Summary**

Resolve 2013, chapter 19 directs the Department of Professional and Financial Regulation, Bureau of Insurance to amend its rules to clarify that a Medicare beneficiary who is enrolled in a Medicare Advantage plan may enroll in another Medicare Advantage plan with the same insurer or a different insurer for a period of 3 years without affecting the Medicare beneficiary's continuity of coverage.  
  
Resolve 2013, chapter 19 was finally passed as an emergency measure effective May 14, 2013.

**LD 523      An Act To Require Health Insurance Coverage for Hearing Aids for  
                 Adults**

**CARRIED OVER**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
VALENTINO BECK		

This bill requires health insurance coverage of hearing aids for persons over 18 years of age.

This bill was carried over to any special or regular session of the 126th Legislature by joint order, H.P. 1145, as amended by H-B (H-580) and H-C (H-582).

*Joint Standing Committee on Insurance and Financial Services*

**LD 546      An Act To Improve Transparency and Oversight of the Maine  
Guaranteed Access Reinsurance Association and To Make Changes  
Necessary To Comply with Federal Law**

**ONTP**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
TREAT	ONTP	

This bill makes the following changes to the laws governing the Maine Guaranteed Access Reinsurance Association:

1. It makes meetings of the Board of Directors of the Maine Guaranteed Access Reinsurance Association public under the State's freedom of access laws unless the board holds executive sessions as permitted under the State's freedom of access laws;
2. It adds 2 consumer members to the Board of Directors and reduces the number of board members who are representatives of insurers from 5 to 3;
3. It suspends the authority of the association to collect assessments and premiums or provide reinsurance and reimbursement for 3 years, from January 1, 2014 until December 31, 2016 and also requires that the association submit a revised plan of operation to the Superintendent of Insurance before resuming operations;
4. It provides that the association may not provide reinsurance or reimbursement to a member insurer unless the insurer meets the 80% minimum medical loss ratio for individual health insurance established under federal and state law; and
5. It directs the joint standing committee of the Legislature having jurisdiction over insurance and financial services matters to evaluate the transitional reinsurance program operating in the State from January 1, 2014 until December 31, 2016 under federal law. Before January 1, 2016, the committee is required to make a recommendation to the Legislature whether the Maine Guaranteed Access Reinsurance Association should resume operations and whether statutory changes should be made. The Joint Standing Committee on Insurance and Financial Services may report out a bill based on its recommendations to the Second Regular Session of the 127th Legislature.

While LD 546 was voted "Ought Not to Pass", related substantive provisions were included in Committee Amendment "A" to LD 1167, An Act Regarding the Maine Guaranteed Access Reinsurance Association, which was enacted as Public Law 2013, chapter 273. See LD 1167.

**LD 547      An Act To Ensure the Accountability of Taxpayer Funds and State  
Collaboration, Planning and Oversight in the Implementation and  
Operation of a Health Exchange in Maine**

**ONTP**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
TREAT WOODBURY	ONTP	

Part A of this bill clarifies that the provisions relating to navigators apply only to any state-based health exchange that may be established in this State pursuant to the federal Patient Protection and Affordable Care Act, as amended by the federal Health Care and Education Reconciliation Act of 2010. It also clarifies that certain activities may be performed by a navigator without a license as an insurance producer or being subject to regulation as an insurance business.

*Joint Standing Committee on Insurance and Financial Services*

Part B of this bill allows an insurance company authorized to do business in Vermont to offer individual health insurance for sale in this State. Current law is limited to insurance companies authorized to do business in Connecticut, Massachusetts, New Hampshire and Rhode Island.

Part C of this bill establishes the Maine Health Exchange Advisory Board to advise the Federal Government, the Governor, the Legislature, the Department of Health and Human Services and the Department of Professional and Financial Regulation, Bureau of Insurance on the implementation and operation of a health exchange in this State pursuant to the federal Patient Protection and Affordable Care Act. The advisory board is comprised of 17 members, including 5 members who are Legislators.

While LD 547 was voted "Ought Not to Pass", related substantive provisions as proposed in the bill were included in Committee Amendment "A" to LD 1094, An Act to Ensure State Coordination and Oversight of Health Plans, which was enacted as Public Law 2013, chapter 388. See LD 1094.

**LD 580      An Act To Prohibit Denial of Insurance Coverage When a Building Contains a Wood Stove      ONTP**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
AYOTTE SHERMAN	ONTP	

This bill requires an insurance policy to provide coverage for a property containing a wood stove if the installation of the stove has been inspected and approved by the municipal building official and meets all applicable fire safety codes and ordinances.

**LD 602      An Act Regarding the Regulation of Consumer Finance Companies      ACCEPTED MAJORITY (ONTP) REPORT**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
BECK CAIN	ONTP OTP-AM	

This bill updates the allowable finance charges on consumer loans by companies subject to the Department of Professional and Financial Regulation, Bureau of Consumer Credit Protection.

**Committee Amendment "A" (H-139)**

This amendment is the minority report of the committee. The amendment updates the allowable finance charges on consumer loans by companies subject to the Department of Professional and Financial Regulation, Bureau of Consumer Credit Protection and requires the finance charges to be calculated according to the simple interest method.

Committee Amendment "A" was not adopted.

*Joint Standing Committee on Insurance and Financial Services*

**LD 603 An Act To Repeal an Insurance Reporting Requirement**

**PUBLIC 52**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
STANLEY WHITTEMORE	OTP	

This bill repeals a requirement that the Department of Professional and Financial Regulation, Superintendent of Insurance provide an annual report to the Department of Labor, Bureau of Labor Standards regarding workers' compensation insurance premium and loss costs data as well as similar information with respect to workers' compensation self-insurance.

**Enacted Law Summary**

Public Law 2013, chapter 52 repeals a requirement that the Department of Professional and Financial Regulation, Superintendent of Insurance provide an annual report to the Department of Labor, Bureau of Labor Standards regarding workers' compensation insurance premium and loss costs data as well as similar information with respect to workers' compensation self-insurance.

**LD 627 An Act Relating to Orally Administered Cancer Therapy**

**CARRIED OVER**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
CAIN HOBBINS	OTP-AM	

This bill requires health insurance policies that cover cancer chemotherapy to include coverage for orally administered anticancer medications.

**Committee Amendment "A" (S-160)**

This amendment replaces the bill with a resolve. The amendment directs the Department of Professional and Financial Regulation, Bureau of Insurance and the Department of Health and Human Services, Maine Center for Disease Control and Prevention to jointly convene a work group to review and report on insurance coverage as it relates to the affordability and accessibility of chemotherapy treatment in Maine. The amendment requires the Bureau of Insurance, after consultation with the Maine Center for Disease Control and Prevention and work group members, to submit a written report on behalf of the work group by December 1, 2013 to the Joint Standing Committee on Insurance and Financial Services and authorizes the committee to report out a bill based on the report. The amendment also adds an appropriations and allocations section.

This bill was recommitted to the Insurance and Financial Services Committee and carried over to any special or regular session of the 126th Legislature by joint order, H.P. 1145, as amended by H-B (H-580) and H-C (H-582).

**LD 628 An Act To Clarify Uninsured Vehicle Coverage for Multiple Claimants**

**PUBLIC 284**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
KATZ CROCKETT	OTP-AM ONTP	S-146

This bill provides that in the event that an underinsured vehicle policy applicable to 2 or more claimants contains a

## *Joint Standing Committee on Insurance and Financial Services*

single per accident limit, the amount of underinsured vehicle coverage available to each claimant must be calculated by deducting any payment received from the owner or operator of the underinsured motor vehicle from that single limit. In no event may the maximum amount payable by the insurer to all claimants exceed that limit.

### **Committee Amendment "A" (S-146)**

This amendment is the majority report of the committee and replaces the bill. The amendment incorporates the substantive provisions of the bill and makes technical changes to clarify the language.

### **Enacted Law Summary**

Public Law 2013, chapter 284 provides that, in the event that an underinsured vehicle policy applicable to 2 or more claimants contains a single per accident limit, the amount of underinsured vehicle coverage available to each claimant must be calculated by deducting any payment received from the owner or operator of the underinsured motor vehicle from that single limit. In no event may the maximum amount payable by the insurer to all claimants exceed that limit.

### **LD 637      An Act To Prohibit Consideration of Preexisting Conditions in      ONTP** **Short-term Disability Insurance**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
TUTTLE BECK	ONTP	

This bill prohibits an insurer that issues group short-term disability insurance on or after January 1, 2014 from refusing to provide coverage on the basis of a preexisting condition and from imposing any exclusion on coverage based on that preexisting condition.

### **LD 645      An Act To Allow the Adjustment of the Assessment Rate for the Rural      PUBLIC 170** **Medical Access Program**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
WHITTEMORE FITZPATRICK	OTP	

Currently, the Rural Medical Access Program assessment rate is 0.75% of professional liability insurance premium, which results in annual revenues in excess of annual costs. This bill authorizes the Superintendent of Insurance to lower the assessment rate by rule in order to allow for the orderly and prudent drawdown of excess funds not needed by the program.

### **Enacted Law Summary**

Currently, the Rural Medical Access Program assessment rate is 0.75% of professional liability insurance premium, which results in annual revenues in excess of annual costs. Public Law 2013, chapter 170 authorizes the Superintendent of Insurance to lower the assessment rate by rule in order to allow for the orderly and prudent drawdown of excess funds not needed by the program.

*Joint Standing Committee on Insurance and Financial Services*

**LD 648      An Act To Make Records of External Review Proceedings Overseen by  
the Bureau of Insurance Confidential**

**PUBLIC 274**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
GRATWICK TREAT	OTP-AM	S-113

This bill protects the confidentiality of records of external review proceedings arranged by the Department of Professional and Financial Regulation, Bureau of Insurance concerning an insurance carrier's adverse health care treatment decision.

**Committee Amendment "A" (S-113)**

This amendment replaces the bill. The amendment protects the confidentiality of records of an external review proceeding arranged by the Department of Professional and Financial Regulation, Bureau of Insurance concerning an insurance carrier's adverse health care treatment decision, but gives parties to an external review proceeding the right to obtain a transcript or recording of the external review hearing and a copy of any evidence. The amendment also requires the Superintendent of Insurance to disseminate aggregate information relating to external review decisions to the Legislature and the public on an annual basis.

**Enacted Law Summary**

Public Law 2013, chapter 274 protects the confidentiality of records of an external review proceeding arranged by the Department of Professional and Financial Regulation, Bureau of Insurance concerning an insurance carrier's adverse health care treatment decision, but gives parties to an external review proceeding the right to obtain a transcript or recording of the external review hearing and a copy of any evidence. The law also requires the Superintendent of Insurance to disseminate aggregate information relating to external review decisions to the Legislature and the public on an annual basis.

**LD 651      An Act To Amend the Captive Insurance Laws**

**LEAVE TO  
WITHDRAW**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
CUSHING MCCLELLAN		

This bill provides that the joint and several liability for a bank, municipality or hospital that is a member of an association captive insurance company is limited to an amount per year equal to the premium for the most recently completed annual insurance period or a greater amount as established by the association captive insurance company.

**LD 653      An Act To Remove an Unnecessary Provision in the Maine Insurance  
Code**

**PUBLIC 94**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
FITZPATRICK WHITTEMORE	OTP	

This bill repeals a provision of the Maine Insurance Code that requires a carrier offering standardized Medicare supplement plans that include prescription drug coverage to allow an insured of that carrier who was formerly eligible for the low-cost drugs for the elderly or disabled program to purchase a plan with drug benefits from that

**Joint Standing Committee on Insurance and Financial Services**

carrier. This provision of law is no longer relevant since Medicare Part D prescription drug coverage was removed from all standardized Medicare supplement plans.

**Enacted Law Summary**

Public Law 2013, chapter 94 repeals a provision of the Maine Insurance Code that requires a carrier offering standardized Medicare supplement plans that include prescription drug coverage to allow an insured of that carrier who was formerly eligible for the low-cost drugs for the elderly or disabled program to purchase a plan with drug benefits from that carrier. This provision of law is no longer relevant since Medicare Part D prescription drug coverage was removed from all standardized Medicare supplement plans.

**LD 681      An Act To Improve Oversight of Insurance Rates and Ensure Consistency with Federal Law      ONTP**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
TREAT GRATWICK	ONTP	

Part A of this bill restores the statutory process for advance review and prior approval of individual health insurance rates and repeals the changes to the rate review process for individual health insurance made by Public Law 2011, chapter 90.

Part B of the bill extends the same process for advance review and prior approval for small group health insurance rates.

Part C of the bill merges the rating bands for age, geographic area and tobacco use so that the combined rate differential due to age, geographic area and tobacco use may not exceed a ratio of 3 to 1 beginning July 1, 2013 for all individual and small group health insurance policies. The bill authorizes the Superintendent of Insurance to adopt rules regarding rating based on tobacco use that set appropriate methodologies and standards that are consistent with the federal Patient Protection and Affordable Care Act, as amended by the federal Health Care and Education Reconciliation Act of 2010, and do not permit rate variation that would penalize an individual who participates in a smoking cessation program or who is not provided the opportunity to participate in one.

While LD 681 was voted "Ought Not to Pass", a related substantive provision restoring the statutory process for advance review and prior approval of individual health insurance rates as proposed in Part A of the bill was included in Committee Amendment "A" to LD 225, An Act to Restore Consumer Rate Review for Health Insurance Plans in the Individual Market. See LD 225.

**LD 682      An Act To Require Health Insurers To Provide Coverage for Nutritional Wellness and Illness Prevention Measures and Products      ACCEPTED MAJORITY (ONTP) REPORT**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
BOLAND WHITTEMORE	ONTP OTP-AM	

The purpose of this bill is to improve health, reduce health care usage and costs and help prevent disease through nutritional wellness and illness prevention measures and allow for nonpharmacological health care alternatives for enrollees who choose them. The bill requires that health insurance policies provide coverage for nutritional wellness and illness prevention measures that are shown to be beneficial to the enrollee and are recommended by the enrollee's physician. The bill applies to all individual and group policies issued or renewed on or after January

*Joint Standing Committee on Insurance and Financial Services*

1, 2014.

**Committee Amendment "A" (H-347)**

This amendment is the minority report of the committee. The amendment exempts the bill from the requirements for review and evaluation by the Department of Professional and Financial Regulation, Bureau of Insurance pursuant to the Maine Revised Statutes, Title 24-A, section 2752. The amendment also adds an appropriations and allocations section.

Committee Amendment "A" was not adopted.

**LD 683      An Act To Assist Homeowners with Wood Stoves in Obtaining Property Insurance      ONTP**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
JOHNSON D PATRICK	ONTP	

This bill requires an insurance policy to provide coverage for a property containing 2 heating sources sharing the same flue.

**LD 706      An Act To Amend the Workers' Compensation Self-insurance Laws      PUBLIC 172**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
TUTTLE	OTP-AM	S-74

This bill specifies that a group self-insurer that is part of a reinsurance account that has net assets of at least \$40,000,000 and that obtains reinsurance coverage with an initial attachment point of no greater than \$1,000,000 has sufficient assets in the aggregate to qualify for funding the group's workers' compensation exposures at the 65% level of confidence.

**Committee Amendment "A" (S-74)**

This amendment replaces the bill. The amendment provides flexibility to modify retention levels for self-insurance reinsurance accounts in response to medical inflation and other changes in circumstances with approval of the Superintendent of Insurance. The amendment also revises the investment standards for self-insurance deposits and trusts to reduce concentration risk and other market risks posed by specifying a narrow range of permitted investments.

**Enacted Law Summary**

Public Law 2013, chapter 172 provides flexibility to modify retention levels for self-insurance reinsurance accounts in response to medical inflation and other changes in circumstances with approval of the Superintendent of Insurance. The law also revises the investment standards for self-insurance deposits and trusts to reduce concentration risk and other market risks posed by specifying a narrow range of permitted investments.

*Joint Standing Committee on Insurance and Financial Services*

**LD 727      An Act Establishing Health Care Practitioner Transparency Requirements**

**PUBLIC 285**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
GRATWICK SANBORN	OTP-AM	S-154

This bill ensures that patients receive accurate health care information by prohibiting deceptive or misleading advertising or misrepresentation in the provision of health care services, requiring the identification and level of licensure of health care practitioners with patient contact and clarifying disciplinary actions that may be taken for failure to comply with these consumer information requirements.

**Committee Amendment "A" (S-154)**

This amendment reallocates and clarifies the provisions of the bill except for the current law regarding notification of charges for health care service. This amendment clarifies health care practitioner identification requirements and the disciplinary actions that may be taken for failure to comply with these consumer information requirements. The amendment provides that a licensing board may impose additional requirements on a health care practitioner for professional conduct and advertising. The amendment removes the provision in the bill addressing disclosure of charges for health care services because it is included in other legislation.

**Enacted Law Summary**

Public Law 2013, chapter 285 ensures that patients receive accurate health care information by prohibiting deceptive or misleading advertising or misrepresentation in the provision of health care services, requiring the identification and level of licensure of health care practitioners with patient contact and clarifying disciplinary actions that may be taken for failure to comply with these consumer information requirements.

**LD 756      An Act Regarding Subrogation of Medical Payments Coverage**

**DIED BETWEEN HOUSES**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
BECK	ONTP OTP-AM	

This bill strikes language in the law that allows subrogation or priority over the insured of medical payments in certain instances in a casualty insurance policy for any hospital, nursing, medical or surgical services or any expenses paid or reimbursed under the medical payments coverage in the policy in the event that the insured is entitled to receive payment.

**Committee Amendment "A" (H-203)**

This amendment is the minority report of the committee and replaces the bill. The bill strikes language in the law that allows subrogation, while the amendment keeps that language and allows subrogation or priority over the insured of medical payments in certain instances in a casualty insurance policy for any hospital, nursing, medical or surgical services or of any expenses paid or reimbursed under the medical payments coverage in the policy only when the insured's awarded or settled damages exceed \$20,000.

Committee Amendment "A" was adopted in the House, but was not adopted in the Senate.

*Joint Standing Committee on Insurance and Financial Services*

**LD 776      An Act To Amend the Laws Related to Rate and Form Filings      ONTP**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
BECK KATZ	ONTP	

This bill provides that an insurer is entitled to trade secret protection under the Uniform Trade Secrets Act for a rate filing and its supporting data that are a trade secret.

**LD 806      An Act To Allow the Purchase of Workers' Compensation Insurance Coverage for Domestic Employees from an Insurance Company That Provides Liability Insurance for Homeowners or Tenants      ONTP**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
SANDERSON MASON G	ONTP	

This bill permits employers of domestic workers to voluntarily procure workers' compensation insurance for those workers from an insurance company providing liability insurance for homeowners or tenants in this State and authorizes those companies to provide such insurance.

**LD 812      An Act To Create an Open Enrollment Period Consistent with Federal Regulations for Health Insurance Exchanges      PUBLIC 271  
EMERGENCY**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
BECK LACHOWICZ	OTP-AM	H-240

This bill establishes an open enrollment period for individual health insurance plans that is consistent with the open enrollment period established by federal regulations for health benefit exchanges, and provides for the same special enrollment periods as exist for coverage purchased through a health insurance exchange.

**Committee Amendment "A" (H-240)**

This amendment replaces the bill. The amendment permits carriers to restrict enrollment in individual health insurance plans to open enrollment periods and special enrollment periods consistent with requirements of the federal Patient Protection and Affordable Care Act. The amendment also adds an emergency preamble and emergency clause to the bill.

**Enacted Law Summary**

Public Law 2013, chapter 271 permits carriers to restrict enrollment in individual health insurance plans to open enrollment periods and special enrollment periods consistent with requirements of the federal Patient Protection and Affordable Care Act.

Public Law 2013, chapter 271 was enacted as an emergency measure effective June 14, 2013.

*Joint Standing Committee on Insurance and Financial Services*

**LD 848      Resolve, Directing the Bureau of Insurance To Amend Its Rules  
                 Pertaining to 3rd-party Notice of Cancellation**

**RESOLVE 39**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
HOBBS	OTP-AM	H-152

This bill adds provisions to the Maine Insurance Code to allow an insured person who had been paying for health insurance through a payroll plan a period of 60 days after the insured person is no longer on the payroll plan to designate at least one other person to receive notice of lapse or termination of the policy.

**Committee Amendment "A" (H-152)**

This amendment replaces the bill with a resolve directing the Department of Professional and Financial Regulation, Bureau of Insurance to amend Bureau of Insurance Rule Chapter 580 regarding 3rd-party notice of cancellation to add an additional alternative for compliance with notice requirements. Under this 3rd alternative, an insurer may defer collection of 3rd-party notification information while an insured pays a premium through a payroll deduction plan.

**Enacted Law Summary**

Resolve 2013, chapter 39 directs the Department of Professional and Financial Regulation, Bureau of Insurance to amend Bureau of Insurance Rule Chapter 580 regarding 3rd-party notice of cancellation to add an additional alternative for compliance with notice requirements. Under this 3rd alternative, an insurer may defer collection of 3rd-party notification information while an insured pays a premium through a payroll deduction plan.

**LD 891      An Act To Create Uniform Claims Paying Practices in Long-term Care  
                 Insurance Policies**

**PUBLIC 278  
EMERGENCY**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
LANGLEY	OTP-AM	S-147

This bill requires a long-term care insurer to pay a claim to an insured within 14 business days of receipt of all necessary documentation identified by the insurer. A claim that is not paid within 14 business days is overdue and subject to interest of 1 1/2% per month after the due date.

**Committee Amendment "A" (S-147)**

This amendment replaces the substantive provisions of the bill, but retains the emergency preamble and emergency clause. The amendment requires a long-term care insurer to pay a claim to an insured within 30 days of receipt of all necessary documentation identified by the insurer, which extends the time from 14 days as proposed in the bill. The amendment also provides that insurers may delay payment of claims and request additional information related only to substantive issues, which are required to be designated through rules.

**Enacted Law Summary**

Public Law 2013, chapter 278 requires a long-term care insurer to pay a claim to an insured within 30 days of receipt of all necessary documentation identified by the insurer. The law also provides that insurers may delay payment of claims and request additional information related only to substantive issues, which are required to be designated through rules.

Public Law 2013, chapter 278 was enacted as an emergency measure effective June 18, 2013.

*Joint Standing Committee on Insurance and Financial Services*

**LD 893      An Act To Protect Life Insurance Policyholders      ONTP**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
VALENTINO	ONTP	

This bill requires that a notice of cancellation of life insurance be sent by registered mail to the last known address of the policyholder and any 3rd party designated by the policyholder.

**LD 971      An Act Regarding Exemptions under the Maine Insurance Code      ONTP**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
BECK	ONTP	

This bill removes the exemption of health care sharing ministries from regulation as insurers under the Maine Insurance Code.

**LD 984      An Act To Amend the Health Plan Improvement Law Regarding Prescription Drug Step Therapy and Prior Authorization      VETO SUSTAINED**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
GRATWICK MORRISON	OTP-AM ONTP	S-123

This bill establishes certain standards for prescription drug step therapy policies. The bill also reduces the time for health insurance carriers to respond to nonemergency prescription drug prior authorization requests from 2 days to 24 hours.

**Committee Amendment "A" (S-123)**

This amendment is the majority report of the committee and replaces the bill. The amendment provides that the clinical review criteria used by a carrier in approving prescription drugs may not require dispensing of a medication for an off-label use and, as in the bill, may not require failure on the same medication on more than one occasion for enrollees continuously enrolled in a health plan offered by the carrier. The amendment also requires health insurance carriers to respond to nonemergency prescription drug prior authorization requests within 24 hours. The bill reduces the time to respond to 24 hours for all nonemergency services prior authorization requests.

**LD 991      An Act To Promote Wellness and Prevention through Health Plans      ACCEPTED MAJORITY (ONTP) REPORT**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
WOODBURY	ONTP OTP	

## *Joint Standing Committee on Insurance and Financial Services*

This bill provides authority to the Superintendent of Insurance, beginning October 1, 2013, to approve pilot projects allowing health insurance carriers to offer health plans that include premium credits and other incentives to encourage enrollees to participate in wellness and prevention programs.

**LD 1006    An Act To Clarify Transparency of Medical Provider Profiling  
Programs Used by Insurance Companies and Other Providers of Health  
Insurance**

**PUBLIC 383**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
TREAT	OTP-AM	H-502

This bill requires that any cost metric used by insurance providers in a provider profiling program is covered by the existing transparency provisions in the health plan improvement laws. The bill also requires carriers to provide copies of the data methodology used in the metric to affected providers. The purpose of this bill is to require all insurance providers, including the state health plan and other government insurance programs, to be included in this transparency obligation.

### **Committee Amendment "A" (H-502)**

This amendment replaces the bill. The amendment does the following.

1. It repeals and replaces the existing transparency provisions for provider profiling programs to provide that, at least 60 days prior to using or publicly disclosing the results of their provider profiling program, carriers must share with providers their individual provider profile and disclose to providers the methodology, criteria, data and analysis used to evaluate provider quality, performance and cost. It also permits providers to request a copy of the data associated with their profile within 30 days of the carrier's disclosure of the profile and affords providers the opportunity to review and dispute its provider profiling result.
2. It makes clear that any cost metric or cost data used by insurance carriers in a provider profiling program to rate or rank a provider is covered by the transparency provisions for provider profiling programs.
3. It makes clear that the provisions applying to provider profiling programs used by insurance carriers also apply to provider profiling programs developed by the State Employee Health Commission for the health insurance plan provided to state employees.

### **Enacted Law Summary**

Public Law 2013, chapter 383 repeals and replaces the existing transparency provisions for provider profiling programs to provide that, at least 60 days prior to using or publicly disclosing the results of their provider profiling program, carriers must share with providers their individual provider profile and disclose to providers the methodology, criteria, data and analysis used to evaluate provider quality, performance and cost. It permits providers to request a copy of the data associated with their profile within 30 days of the carrier's disclosure of the profile and affords providers the opportunity to review and dispute its provider profiling result. The law makes clear that any cost metric or cost data used by insurance carriers in a provider profiling program to rate or rank a provider is covered by the transparency provisions for provider profiling programs.

Public Law 2013, chapter 383 also clarifies that the provisions applying to provider profiling programs used by insurance carriers also apply to provider profiling programs developed by the State Employee Health Commission for the health insurance plan provided to state employees.

*Joint Standing Committee on Insurance and Financial Services*

**LD 1018 An Act Regarding Preneed Funeral Insurance**

**ACCEPTED  
MAJORITY  
(ONTP) REPORT**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
BECK HASKELL	ONTP OTP-AM	

This bill defines preneed insurance and permits its sale in the State. The bill requires the State Board of Funeral Service to amend the rules governing prearranged funeral agreements to provide the form, format and content of prearranged funeral agreements funded by preneed insurance. The bill permits a funeral director to sell preneed insurance to a consumer who has approached a funeral home to preplan a funeral and authorizes the payment of commissions in connection with the sale of that insurance. The bill requires disclosures with regard to the sale of preneed insurance that are consistent with the National Association of Insurance Commissioners' life insurance disclosure model.

**Committee Amendment "A" (H-163)**

This amendment is the minority report of the committee. The bill refers to insurance agents and brokers. The amendment changes these references to the term "insurance producer."

Committee Amendment "A" was not adopted.

**LD 1037 An Act To Provide Access to Affordable Health Care for All Maine Residents by 2020**

**CARRIED OVER**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MCGOWAN		

This bill, which is a concept draft pursuant to Joint Rule 208, proposes to provide access to a baseline of affordable health care for all Maine residents by 2020 through subsidies, expansion of government programs, reforms in the insurance laws or other measures.

This bill was carried over to any special or regular session of the 126th Legislature by joint order, H.P. 1145, as amended by H-B (H-580) and H-C (H-582).

**LD 1048 Resolve, To Study the Effect of Insufficient Automobile Insurance Coverage**

**ONTP**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
BERRY	ONTP	

This resolve directs the Department of Professional and Financial Regulation, Bureau of Insurance to study the current minimum automobile insurance coverage and determine the frequency and extent of claims by motorists with insufficient automobile insurance coverage and the resulting effects on victims, health care providers and the State. The bureau is also required to determine expected costs and effects of increasing minimum automobile insurance coverage, and invite input from the Maine Trial Lawyers Association, members of the insurance industry, health care providers and other interested parties. The bureau is directed to report to the Joint Standing Committee

***Joint Standing Committee on Insurance and Financial Services***

on Insurance and Financial Services, which is authorized to introduce a bill related to the report.

**LD 1049 An Act To Establish an Insurance Exchange**

**ONTP**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
CAMPBELL J CRAVEN	ONTP	

This bill establishes the Maine Health Benefit Marketplace as the State's health benefit exchange as authorized by the federal Patient Protection and Affordable Care Act, Public Law 111-148 as amended by the federal Health Care and Education Reconciliation Act of 2010, Public Law 111-152 to facilitate the purchase of health care coverage by individuals and small businesses. The Maine Health Benefit Marketplace is established as an independent executive agency governed by the Board of Directors of the Maine Health Benefit Marketplace, which has 9 voting members appointed by the President of the Senate, the Speaker of the House and the Governor subject to confirmation by the Senate and 4 ex officio, nonvoting members representing the Department of Professional and Financial Regulation, the Department of Health and Human Services, the Department of Administrative and Financial Services and the Treasurer of State.

The bill requires coverage to be available through the state-based marketplace no later than January 1, 2015 and requires the Board of Directors of the Maine Health Benefit Marketplace to submit a declaration of intent to establish a state-based exchange under federal law to the federal Department of Health and Human Services no later than November 18, 2013. The bill also requires the board of directors to submit applications for any available federal grant funding to support planning and implementation of the state-based exchange as soon as practicable after Senate confirmation of the board members.

**LD 1067 An Act To Allow Certain Small Retail Businesses To Pass Credit and Debit Card Transaction Fees on to Consumers**

**ONTP**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
LOCKMAN THOMAS	ONTP	

This bill, which is a concept draft pursuant to Joint Rule 208, proposes to amend the Maine Consumer Credit Code - Truth in Lending laws to allow a small retail business to impose a surcharge on a purchase of a customer who elects to use a credit card or debit card that increases the regular price and that is not imposed on a purchase of a customer who pays by cash, check or similar means.

**LD 1078 Resolve, To Establish the Task Force on the Creation of a State of Maine Partnership Bank**

**ONTP**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
JOHNSON C BEAVERS	ONTP	

This resolve establishes the Task Force on the Creation of a State of Maine Partnership Bank to develop a proposal to establish the State of Maine Partnership Bank, which must be specifically designed to partner with financial institutions that are headquartered in Maine or are Maine-owned, or both, in order to provide access to capital for local small businesses and family farmers, to enable state public funds to be retained within the State and to facilitate the investment of increased state resources in high-quality, in-state investments, such as

***Joint Standing Committee on Insurance and Financial Services***

loans to local businesses, family farmers and homeowners. The task force is directed to submit a report that includes its findings and recommendations with any necessary implementing legislation to the Joint Standing Committee on Labor, Commerce, Research and Economic Development and to the Joint Standing Committee on Insurance and Financial Institutions.

In place of the resolve, a minority of the committee introduced H.P. 1130, Joint Order Establishing the Task Force to Study the Creation of a State of Maine Partnership Bank or Other Maine Financial Structures. H.P. 1130 was passed in the House, but was indefinitely postponed in the Senate.

**LD 1092 An Act To Increase the Use of Long-term Care Insurance**

**CARRIED OVER**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
CRAVEN GRAHAM		

This bill establishes an alternative long-term care benefit program for those persons that qualify for long-term benefits under the MaineCare program. The bill allows persons otherwise eligible for long-term care benefits under MaineCare that own life insurance policies with face amounts exceeding \$10,000 to enter into life settlement contracts in exchange for direct payments to a health care provider for long-term care benefits. The bill prohibits the Department of Health and Human Services from considering the value of the life settlement contract as an asset or resource in determining eligibility for MaineCare. The bill also establishes the conditions under which a life settlement contract may be used, requires certain disclosures to be made to MaineCare applicants and authorizes the Department of Health and Human Services to adopt rules after consultation with the Department of Professional and Financial Regulation, Bureau of Insurance.

This bill was carried over to any special or regular session of the 126th Legislature by joint order, H.P. 1145, as amended by H-B (H-580) and H-C (H-582).

**LD 1094 An Act To Clarify Certification of Navigators and the Availability of Regional Health Plans**

**PUBLIC 388**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
WOODBURY	OTP-AM	S-185 S-314 WHITTEMORE

Part A of the bill establishes the Maine Health Exchange Advisory Board to advise the Federal Government, Governor and Legislature on the implementation and operation of a health exchange in this State pursuant to the federal Patient Protection and Affordable Care Act. The advisory board is composed of 17 members, including 5 members who are Legislators.

Part B of the bill suspends the authority of the Maine Guaranteed Access Reinsurance Association from January 1, 2014 until December 31, 2016 or until such time as the transitional reinsurance program administered by the federal Department of Health and Human Services pursuant to the federal Patient Protection and Affordable Care Act is no longer operational. This Part also directs the Board of Directors of the Maine Guaranteed Access Reinsurance Association to amend the association's plan of operation and submit an amendment to the plan of operation on or before October 1, 2013 to the Superintendent of Insurance for approval. The amended plan of operation must include, but is not limited to, an explanation of how operations will be suspended, the actions necessary to pay reinsurance on qualified claims attributable to the time period prior to January 1, 2014 and the actions necessary to suspend assessments.

## *Joint Standing Committee on Insurance and Financial Services*

Part C of the bill expands medical coverage under the MaineCare program to adults with family incomes up to 133% of the nonfarm income official poverty line and qualifies Maine to receive federal funding for 100% of the cost of coverage for members who enroll under the expansion. Adults eligible are those 21 years of age to 64 years of age beginning January 1, 2014 and those 19 years of age and 20 years of age beginning October 1, 2019.

### **Committee Amendment "A" (S-185)**

This amendment replaces the bill. Part A makes changes to the current provisions in law relating to navigators to make them consistent with recent federal regulations and clarifies that navigators are subject to the provisions prohibiting unfair trade practices.

Part B allows an insurance company authorized to do business in Vermont to offer individual health insurance for sale in this State. Current law limits that business to insurance companies authorized to do business in Connecticut, Massachusetts, New Hampshire and Rhode Island.

Part C establishes the Maine Health Exchange Advisory Council to advise the Governor, the Legislature, the Department of Health and Human Services, the Department of Professional and Financial Regulation, Bureau of Insurance and the Federal Government on the implementation and operation of a health exchange in this State pursuant to the federal Patient Protection and Affordable Care Act. The advisory council is comprised of 20 members, including 5 members who are Legislators and 2 ex officio members representing the Department of Health and Human Services and the Department of Professional and Financial Regulation, Bureau of Insurance.

### **Senate Amendment "A" To Committee Amendment "A" (S-314)**

This amendment amends Committee Amendment "A" to strike Part C of the amendment, which establishes the Maine Health Exchange Advisory Council. This amendment also changes the title of the legislation.

In place of Part C of Committee Amendment "A", the committee introduced H.P. 1136, Joint Order Establishing the Maine Health Exchange Advisory Committee. H.P. 1136 was passed in the House and Senate.

### **Enacted Law Summary**

Public Law 2013, chapter 388 makes changes to the current provisions in law relating to navigators to make them consistent with recent federal regulations and clarifies that navigators are subject to the provisions prohibiting unfair trade practices.

Public Law 2013, chapter 388 also allows an insurance company authorized to do business in Vermont to offer individual health insurance for sale in this State. Current law limits that business to insurance companies authorized to do business in Connecticut, Massachusetts, New Hampshire and Rhode Island.

### **LD 1162 An Act To Ensure the Rights of Patients**

**ONTP**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
JACKSON T TREAT	ONTP	

This bill, which is a concept draft pursuant to Joint Rule 208, proposes to enact measures designed to ensure the rights of patients, which may include proposals to protect a patient's rights in the health insurance market; enhance accountability for hospitals and health care providers to improve quality and efficiency of care; increase the transparency of charges and expenses of hospitals and health care providers; and facilitate the purchase of health care coverage by individuals and small businesses by establishing a state health insurance exchange pursuant to the federal Patient Protection and Affordable Care Act, Public Law 111-148.

*Joint Standing Committee on Insurance and Financial Services*

**LD 1167 An Act Regarding the Maine Guaranteed Access Reinsurance Association**

**PUBLIC 273**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
WHITTEMORE TREAT	OTP-AM	S-126

This bill suspends the authority of the Maine Guaranteed Access Reinsurance Association from January 1, 2014 to December 31, 2016 or until such time as the transitional reinsurance program administered by the federal Department of Health and Human Services pursuant to the federal Patient Protection and Affordable Care Act is no longer operational. The bill also directs the Board of Directors of the Maine Guaranteed Access Reinsurance Association to amend the association's plan of operation and submit the amendment on or before October 1, 2013 to the Superintendent of Insurance for approval. The amended plan of operation must include, but is not limited to, an explanation of how operations will be suspended, the actions necessary to pay reinsurance on qualified claims attributable to the time period prior to January 1, 2014 and the actions necessary to suspend assessments.

**Committee Amendment "A" (S-126)**

This amendment replaces the bill and makes the following changes to the laws governing the Maine Guaranteed Access Reinsurance Association.

1. It requires the Board of Directors of the Maine Guaranteed Access Reinsurance Association to post its meeting schedule, meeting agenda and meeting minutes on its publicly accessible website. It requires the board to provide a mechanism on its website for the public to comment on matters related to the operations of the association and to establish a process for taking public comments at selected board meetings.
2. It adds one consumer member to the board and clarifies that that member may not be associated with or formerly associated with the medical profession, a hospital, an insurer or an insurance producer.
3. It suspends the authority of the association to collect assessments or provide reinsurance and reimbursement during the period in which the federal transitional reinsurance program is operating in this State and also requires that the association submit an amended plan of operation to the Superintendent of Insurance to address the operations of the association, the treatment of funds held by the association during the suspension period, the reactivation of the association and any necessary plan for distribution of any surplus funds not required for such purposes. It also requires the Superintendent of Insurance to allow a period of public comment on the amended plan of operation before it is approved by the superintendent.
4. It directs the joint standing committee of the Legislature having jurisdiction over insurance and financial services matters to evaluate the transitional reinsurance program operating in the State from January 1, 2014 until December 31, 2016 under federal law. Before January 1, 2016, the committee is required to make a recommendation to the Legislature as to whether the Maine Guaranteed Access Reinsurance Association should resume operations and whether statutory changes should be made. The committee may submit a bill based on its recommendations to the Second Regular Session of the 127th Legislature.

**Enacted Law Summary**

Public Law 2013, chapter 273 makes the following changes to the laws governing the Maine Guaranteed Access Reinsurance Association.

1. It requires the Board of Directors of the Maine Guaranteed Access Reinsurance Association to post its meeting schedule, meeting agenda and meeting minutes on its publicly accessible website. It requires the board to provide a mechanism on its website for the public to comment on matters related to the operations of the association and to

***Joint Standing Committee on Insurance and Financial Services***

establish a process for taking public comments at selected board meetings.

2. It adds one consumer member to the board and clarifies that that member may not be associated with or formerly associated with the medical profession, a hospital, an insurer or an insurance producer.

3. It suspends the authority of the association to collect assessments or provide reinsurance and reimbursement during the period in which the federal transitional reinsurance program is operating in this State and also requires that the association submit an amended plan of operation to the Superintendent of Insurance to address the operations of the association, the treatment of funds held by the association during the suspension period, the reactivation of the association and any necessary plan for distribution of any surplus funds not required for such purposes. It also requires the Superintendent of Insurance to allow a period of public comment on the amended plan of operation before it is approved by the superintendent.

4. It directs the joint standing committee of the Legislature having jurisdiction over insurance and financial services matters to evaluate the transitional reinsurance program operating in the State from January 1, 2014 until December 31, 2016 under federal law. Before January 1, 2016, the committee is required to make a recommendation to the Legislature as to whether the Maine Guaranteed Access Reinsurance Association should resume operations and whether statutory changes should be made. The committee may submit a bill based on its recommendations to the Second Regular Session of the 127th Legislature.

**LD 1176      An Act To Require Health Insurers To Use One Geographic Area as Permitted by the Federal Patient Protection and Affordable Care Act      ONTP**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
GRATWICK SANBORN	ONTP	

As permitted by the federal Patient Protection and Affordable Care Act, this bill requires health insurance carriers to use only one rating area based on geography within the State when establishing rates for individual and small group health plans issued or renewed on or after January 1, 2014.

While LD 1176 was voted "Ought Not to Pass", a related substantive provision requiring health insurance carriers to use only one rating area based on geography as proposed in the bill was included in Committee Amendment "A" to LD 161, An Act to Restrict a Health Insurance Carrier to Rating on the Basis of One Geographic Area. See LD 161.

**LD 1192      An Act Prohibiting Property Insurance Discrimination Based on Breed of Dog      ACCEPTED MAJORITY (ONTP) REPORT**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
CHENETTE	ONTP OTP-AM	

This bill prohibits the refusal to issue or the cancellation or nonrenewal of a property insurance policy or an increase in the premium for the policy solely on the basis of a policyholder's ownership of a certain breed of dog. The restrictions do not apply if a dog has been designated as a dangerous dog in accordance with state law.

**Committee Amendment "A" (H-243)**

This amendment is the minority report and clarifies a cross-reference in the bill.

*Joint Standing Committee on Insurance and Financial Services*

Committee Amendment "A" was not adopted.

**LD 1236 An Act To Amend the Maine Insurance Code To Ensure Fair and Reasonable Coverage and Reimbursement of Chiropractic Services**

**CARRIED OVER**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
ALFOND CAMPBELL R		

This bill requires that coverage and payment by health insurers and health maintenance organizations for services within the scope of practice of chiropractic doctors be at least equal to and consistent with coverage for services provided by allopathic or osteopathic doctors. It requires insurers to provide benefits covering and paying for care by chiropractic doctors at least equal to and consistent with the benefits paid to other health care providers treating similar conditions within the scope of practice of chiropractic doctors. Under the bill, these carriers may not classify services provided by chiropractic doctors as physical therapy or place these services into other categories that unreasonably limit coverage or payments for such services, or impose copayments, coinsurance requirements or deductibles that are more burdensome or limiting than those imposed with respect to services provided by allopathic or osteopathic doctors. The copayment for each service provided in the course of an office visit to a chiropractic doctor may not exceed \$5 or 10% of the covered payment for such services, whichever is greater. The total copayment for the combined services provided in the course of an office visit to a chiropractic doctor may not exceed \$30 or 10% of the combined covered payment for such services, whichever is greater.

This bill was carried over to any special or regular session of the 126th Legislature by joint order, H.P. 1145, as amended by H-B (H-580) and H-C (H-582).

**LD 1266 An Act To Provide the Securities Administrator with the Power To Investigate Potential Violations Involving the Sale of Business Opportunities**

**PUBLIC 224  
EMERGENCY**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
FITZPATRICK CUSHING	OTP-AM	H-265

This bill provides the Securities Administrator with the explicit authority to investigate potential violations involving the sale of business opportunities in this State. The Securities Administrator is charged with administering the law regarding the regulation of the sale of business opportunities. The authority provided in this bill is similar to the investigative authority conferred on the Securities Administrator to investigate violations of the Maine Commodity Code.

**Committee Amendment "A" (H-265)**

This amendment clarifies language used in the bill and adds an emergency preamble and emergency clause.

**Enacted Law Summary**

Public Law 2013, chapter 224 provides the Securities Administrator with the explicit authority to investigate potential violations involving the sale of business opportunities in this State. The Securities Administrator is charged with administering the law regarding the regulation of the sale of business opportunities. The authority provided in the law is similar to the investigative authority conferred on the Securities Administrator to investigate violations of the Maine Commodity Code.

Public Law 2013, chapter 224 was enacted as an emergency measure effective June 10, 2013.

*Joint Standing Committee on Insurance and Financial Services*

**LD 1277 An Act To Streamline the Charitable Solicitations Act**

**PUBLIC 313**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
CUSHING CAMPBELL J	OTP-AM	S-145 S-165 GRATWICK

This bill eliminates unnecessary regulation and document filing requirements while still retaining essential oversight of charitable organizations, professional solicitors and professional fund-raising counsel.

The bill raises the threshold for licensure of charitable organizations from \$10,000 in a calendar year to \$25,000 in a calendar year; eliminates licensing of commercial co-venturers; changes the document filing requirements for charitable organizations, professional solicitors and professional fund-raising counsel; revises the financial information required to be reported on an annual fund-raising activity report; and streamlines the licensing process by requiring licensees only to update changed information.

The bill requires that, as an ongoing condition of licensure, licensees must notify the Department of Professional and Financial Regulation, Office of Professional and Occupational Regulation of any change in application information within 10 days. Disclosure of court actions and disciplinary actions in other states has been included as a licensing requirement. The bill expands the description of reportable court actions.

**Committee Amendment "A" (S-145)**

This amendment does the following.

1. It removes the definition of "independent public accountant," which is a term no longer used in the Charitable Solicitations Act.
2. It adds to the definition of "principal officer" the executive director or other employee responsible for the daily operation of a charitable organization.
3. It specifies that a charitable organization must notify the Department of Professional and Financial Regulation, Office of Professional and Occupational Regulation only of any "material" change in the organization's application for an initial license or license renewal.
4. It adds to the basis for the exemption from licensure organizations that solicit primarily within their membership that do not contract with a professional solicitor or professional fund-raising counsel.
5. It further increases the threshold for licensure of charitable organizations to \$35,000 in contributions in a calendar year or contributions from more than 35 persons. The bill proposes to increase the threshold to \$25,000 in contributions in a calendar year or contributions from more than 25 persons.
6. It specifies that it is a violation of the Charitable Solicitations Act if a person or entity does not disclose to a prospective donor at the time of solicitation the "physical" address of the charitable organization for which the solicitation is being conducted.

**Senate Amendment "A" To Committee Amendment "A" (S-165)**

This amendment includes a change inadvertently left out of Committee Amendment "A" providing an exemption from licensure for charitable organizations that do not contract with professional solicitors or professional fund-raising counsel.



## *Joint Standing Committee on Insurance and Financial Services*

agency and is composed of 5 full-time appointees.

Part B also directs the Maine Health Care Agency to establish programs to ensure quality, affordability, efficiency of care and health care planning. The agency health care planning program includes the establishment of global budgets for health care expenditures for the State and for institutions and hospitals. The health care planning program also encompasses the certificate of need responsibilities of the agency pursuant to the Maine Revised Statutes, Title 22, chapter 103-A. The bill contains a directive to the State Controller to advance \$600,000 to the Maine Health Care Trust Fund. This amount must be repaid by the Maine Health Care Agency by June 30, 2018.

Part C of the bill establishes the Maine Health Care Plan Transition Advisory Committee. Composed of 20 members, appointed by the Governor, President of the Senate and Speaker of the House of Representatives and subject to confirmation by the Legislature, the committee is charged with holding public hearings, soliciting public comments and advising the Maine Health Care Agency on the transition from the current health care system to the Maine Health Care Plan. Members of the committee serve without compensation but may be reimbursed for their expenses. The committee is directed to report to the Governor and to the Legislature every 6 months beginning July 1, 2017. The committee completes its work when the Maine Health Care Plan becomes effective.

Part D of the bill establishes the salaries of the members of the Maine Health Care Council and the executive director of the Maine Health Care Agency.

Part E of the bill prohibits the sale on the commercial market of health insurance policies and contracts that duplicate the coverage provided by the Maine Health Care Plan. It allows the sale of health care policies and contracts that do not duplicate and are supplemental to the coverage of the Maine Health Care Plan.

Part F of the bill directs the Maine Health Care Agency to submit 2 financing plans to the Legislature by January 15, 2016. Part F also directs the Maine Health Care Agency to ensure employment retraining for administrative workers employed by insurers and providers who are displaced by the transition to the Maine Health Care Plan. It directs the Maine Health Care Agency to study the delivery and financing of long-term care services to plan members. Consultation is required with the Maine Health Care Plan Transition Advisory Committee, representatives of consumers and potential consumers of long-term care services and representatives of providers of long-term care services, employers, employees and the public. A report by the agency to the Legislature is due January 1, 2018.

Part G clarifies that throughout the Maine Revised Statutes, the words "payer" and "payor" have the same meaning.

This bill was carried over to any special or regular session of the 126th Legislature by joint order, H.P. 1145, as amended by H-B (H-580) and H-C (H-582).

**LD 1367     An Act To Require Health Insurance Carriers and the MaineCare Program To Cover the Cost of Transition Services To Bridge the Gap between High School and Independence**

**CARRIED OVER**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
GRAHAM ALFOND		

This bill requires the Department of Health and Human Services to require providers of behavioral and mental health services for children to establish or participate in so-called bridge teams for the purpose of ensuring continuity of care for students receiving behavioral and mental health services who graduate from high school and are likely to be in need of such services following graduation. The bill also requires MaineCare and private health insurance carriers to provide coverage for such services.

## *Joint Standing Committee on Insurance and Financial Services*

This bill was carried over to any special or regular session of the 126th Legislature by joint order, H.P. 1145, as amended by H-B (H-580) and H-C (H-582).

**LD 1410     An Act To Update the Fair Credit Reporting Act Consistent with  
Federal Law**

**PUBLIC 228**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
WHITTEMORE BECK	OTP	

This bill incorporates federal fair credit reporting laws into state law while preserving enhanced protections found in current state law.

**Enacted Law Summary**

Public Law 2013, chapter 228 incorporates federal fair credit reporting laws into state law while preserving enhanced protections found in current state law.

**LD 1413     An Act To Clarify Limitations on Homeowner's Insurance Policies  
Regarding Claims on Vacant Properties**

**ONTP**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
CRAVEN	ONTP	

This bill requires an insurer, upon receiving information that a property used as a residence and insured by the insurer is vacant, to send a statement to the insured explaining the policy regarding vacant property and defining "vacant." The bill allows an insurer to deny coverage for a claim on a vacant property used as a residence only for a claim that occurs more than 60 days after the insurer's sending the statement to the insured.

**LD 1444     An Act Relating to Title Insurers Issuing Closing or Settlement  
Protection**

**PUBLIC 233**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
BECK LACHOWICZ	OTP-AM	H-283

This bill allows title insurers to provide protection against theft or misappropriation of settlement funds and failure to comply with written closing instructions in connection with real estate closings. The bill also provides that title insurers are allowed to charge a fee for this protection.

**Committee Amendment "A" (H-283)**

This amendment removes the provision in the bill establishing a minimum fee for closing or settlement protection letters issued by a title insurer.

**Enacted Law Summary**

Public Law 2013, chapter 233 allows title insurers to provide protection against theft or misappropriation of settlement funds and failure to comply with written closing instructions in connection with real estate closings. The law also provides that title insurers are allowed to charge a fee for this protection subject to approval of the Superintendent of Insurance in the same manner as other insurance rates.

*Joint Standing Committee on Insurance and Financial Services*

**LD 1453 An Act To Increase the Transparency of Charges and Expenses of Hospitals That Receive State Funding**

**ONTP**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
GRATWICK CHAPMAN	ONTP	

Part A of this bill requires the Maine Health Data Organization to conduct an annual study of hospital financial data, to contract with an independent organization to analyze this data and to present the data and analysis in a format that is easily understood by the average consumer beginning in 2014. Part A also requires that the Department of Professional and Financial Regulation, Bureau of Insurance consider the analysis as part of the review process for health insurance rates.

Part B of the bill establishes the Commission to Study Transparency, Costs and Accountability of Health Care System Financing. The commission is comprised of 11 members appointed by the President of the Senate and Speaker of the House to evaluate current data reported by hospitals and health care facilities relating to charges, revenue and other financial data. The commission will make recommendations about how to standardize financial reporting about health care costs and the quality of health care services to enhance transparency to the public. The commission must also make recommendations to reduce health care costs, including the development of global budgets, accountable care organizations and other cost containment mechanisms.

In place of the bill, a majority of the committee introduced H.P. 1123, Joint Order Establishing the Commission to Study Transparency, Costs and Accountability of Health Care System Financing. H.P. 1123 was passed in the House and Senate.

**LD 1466 An Act To Amend the Law Governing Provider Contracts with Insurance Companies**

**PUBLIC 399**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
GOODALL	OTP-AM	S-284

This bill places certain requirements on contracts for preferred provider arrangements, which are contracts between a health insurance carrier and a health care provider in which the provider agrees to provide services to a health plan enrollee whose plan benefits include incentives for the enrollee to use the services of that provider. This bill imposes requirements and restrictions on these contracts, including:

1. Requiring a carrier who offers the contract to a health care provider to include in the contract a fee schedule and to provide any policies or procedures referred to in the contract to the provider, upon request by the provider;
2. Requiring the approval of a provider, in writing, of an amendment to the contract that materially and adversely affects provider reimbursement, including, but not limited to, increased documentation, preauthorization or utilization review requirements;
3. Prohibiting a carrier from subjecting enrollees under health plans included in the contract to preauthorization requirements if the enrollee's health plan does not require prior authorization as a condition of coverage for the applicable service; and
4. Requiring the provisions of law regarding these contracts to be included in each contract.

## *Joint Standing Committee on Insurance and Financial Services*

### **Committee Amendment "A" (S-284)**

This amendment replaces the bill. The amendment places certain requirements on contracts for preferred provider arrangements, which are contracts between a health insurance carrier and a health care provider in which the provider agrees to provide services to a health plan enrollee whose plan benefits include incentives for the enrollee to use the services of that provider. The amendment imposes the following requirements and restrictions on these contracts.

1. It requires a carrier who offers the contract to a health care provider to include in the contract a fee schedule and to provide any policies or procedures referred to in the contract to the provider, upon request by the provider.
2. It requires the approval of a provider, in writing, of an amendment to the contract that materially differs from the terms of the provider's contract and of any provision that would permit the provider's existing contract to be superseded by a carrier's subsequent contract with a health plan payor.
3. It prohibits a carrier from requiring a provider, as a condition of participation in one of the carrier's preferred provider arrangements, to participate in any other carrier's network subsequently offered by the carrier or by a carrier's preferred provider arrangement.
4. It prohibits a carrier from subjecting providers under health plans included in the contract to preauthorization requirements if the enrollee's health plan does not require prior authorization as a condition of coverage.
5. It requires remittance advices that identify payment of a provider's claims under a carrier's contract to identify the administrator and payor of the provider's claims and include contact information.

The amendment provides that the requirements do not apply to dental or vision plans or to a carrier offering a health plan with respect to preferred provider arrangement contracts with a hospital or pharmacy.

### **Enacted Law Summary**

Public Law 2013, chapter 399 places certain requirements on contracts for preferred provider arrangements, which are contracts between a health insurance carrier and a health care provider in which the provider agrees to provide services to a health plan enrollee whose plan benefits include incentives for the enrollee to use the services of that provider. The law imposes the following requirements and restrictions on these contracts.

1. The law requires a carrier who offers the contract to a health care provider to include in the contract a fee schedule and to provide any policies or procedures referred to in the contract to the provider, upon request by the provider.
2. The law requires the approval of a provider, in writing, of an amendment to the contract that materially differs from the terms of the provider's contract and of any provision that would permit the provider's existing contract to be superseded by a carrier's subsequent contract with a health plan payor.
3. The law prohibits a carrier from requiring a provider, as a condition of participation in one of the carrier's preferred provider arrangements, to participate in any other carrier's network subsequently offered by the carrier or by a carrier's preferred provider arrangement.
4. The law prohibits a carrier from subjecting providers under health plans included in the contract to preauthorization requirements if the enrollee's health plan does not require prior authorization as a condition of coverage.
5. The law requires remittance advices that identify payment of a provider's claims under a carrier's contract to identify the administrator and payor of the provider's claims and include contact information.

## Joint Standing Committee on Insurance and Financial Services

The law specifies that the requirements do not apply to dental or vision plans or to a carrier offering a health plan with respect to preferred provider arrangement contracts with a hospital or pharmacy.

### LD 1485 An Act Relating to Insurance Company Formation and Dissolution

PUBLIC 299

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
FITZPATRICK	OTP-AM	H-282

The purpose of this bill is to address a number of matters relating to insurance company formations and dissolutions that have arisen in practice. The bill updates references to Maine domestic insurance company "certificates of organization" in the Maine Insurance Code to "articles of incorporation" for consistency with the Maine Business Corporation Act and current corporate parlance, leaving those references to certificates of organization where necessary for clarity with respect to existing insurers. The bill simplifies and reduces the number of filings that must be made by those either forming or dissolving Maine insurers. The bill clarifies the procedure for the Secretary of State, the Superintendent of Insurance and insurers to follow with respect to certificates of dissolution. The bill clarifies 2 statutes whose joint reading currently creates an ambiguity as to the minimum number of directors a newly formed Maine insurer must have.

#### Committee Amendment "A" (H-282)

This amendment clarifies that Maine insurance corporations are subject to the requirements of the Maine Revised Statutes, Title 13-C, the Maine Business Corporation Act.

#### Enacted Law Summary

Public Law 2013, chapter 299 makes changes to the laws relating to insurance company formations and dissolutions.

1. The law updates references to Maine domestic insurance company "certificates of organization" in the Maine Insurance Code to "articles of incorporation" for consistency with the Maine Business Corporation Act and current corporate parlance, leaving those references to certificates of organization where necessary for clarity with respect to existing insurers.
2. The law simplifies and reduces the number of filings that must be made by those either forming or dissolving Maine insurers.
3. The law clarifies the procedure for the Secretary of State, the Superintendent of Insurance and insurers to follow with respect to certificates of dissolution.
4. The law clarifies 2 statutes whose joint reading currently creates an ambiguity as to the minimum number of directors a newly formed Maine insurer must have.
5. The law clarifies that Maine insurance corporations are subject to the requirements of the Maine Revised Statutes, Title 13-C, The Maine Business Corporation Act.

*Joint Standing Committee on Insurance and Financial Services*

**LD 1495 An Act To Amend the Laws Pertaining to Employee Health Insurance**

**PUBLIC 276**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
POULIOT ALFOND	OTP	

This bill provides that state employee contributions to the cost of the individual health insurance premium and credits for healthy behaviors are based on actual rate of pay rather than projected rate of pay.

**Enacted Law Summary**

Public Law 2013, chapter 276 provides that state employee contributions to the cost of the individual health insurance premium and credits for healthy behaviors are based on actual rate of pay rather than projected rate of pay.

**LD 1508 An Act To Create a Public State Bank**

**ONTP**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
RUSSELL	ONTP	

This bill establishes the Maine Street Bank effective July 1, 2015 except that the bank may not make, purchase, guarantee, modify or hold loans until the bank has adequate capital of at least \$20,000,000. It specifies the purposes of the bank, establishes a board of directors and creates an advisory committee. It allows the bank to accept deposits of public funds, to make, purchase, guarantee, modify or hold certain loans and to serve as a custodian bank. It directs the Treasurer of State to deposit money into the bank. Excess income of the bank is deposited in the Maine Budget Stabilization Fund.

The bill provides for a quarterly examination by the Department of Professional and Financial Regulation, Bureau of Financial Institutions and an audit by the State Auditor every 2 years.

The bill allows counties and municipalities to establish public banks.

The bill directs the Treasurer of State, the Commissioner of Administrative and Financial Services and the Chief Executive Officer of the Finance Authority of Maine to consult with the Attorney General and report to the Joint Standing Committee on Appropriations and Financial Affairs by January 15, 2014 with recommendations to fully implement the bank, including recommendations regarding the merger of the Finance Authority of Maine into the bank. It authorizes the Joint Standing Committee on Appropriations and Financial Affairs to report out a bill to the Second Regular Session of the 126th Legislature.

See related bill, LD 1078, Resolve, To Establish the Task Force on the Creation of a State of Maine Partnership Bank.

**LD 1512 An Act To Increase Funding for Start-ups**

**CARRIED OVER**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
ALFOND		

## *Joint Standing Committee on Insurance and Financial Services*

The purpose of this bill is to promote and encourage the growth of Maine small businesses by facilitating the ability of a business to raise capital by selling small amounts of equity to a wider pool of small investors with fewer restrictions.

This bill exempts from existing restrictions regarding registration and advertising an issuer transaction or sale if the issuer transaction or sale meets certain conditions, including:

1. The issuer of the security must be a business entity formed and registered under Maine law;
2. The purchasers of the securities must be Maine residents;
3. The size of the offering may not exceed \$1,000,000 if the issuer has not undergone, and provided documentation from, a financial audit in the previous year;
4. The size of the offering may not exceed \$2,000,000 if the issuer has undergone, and provided documentation from, a financial audit in the previous year;
5. The issuer may not accept more than \$2,000 from any single purchaser unless the purchaser is an accredited investor under rules adopted by the federal Securities and Exchange Commission; and
6. The issuer requires from all purchasers a written acknowledgement that the purchaser assumes the risks associated with the investment.

This bill was carried over to any special or regular session of the 126th Legislature by joint order, H.P. 1145, as amended by H-B (H-580) and H-C (H-582).

### **LD 1519    An Act To Update the Maine Insurance Code To Maintain Conformance with Uniform National Standards**

**PUBLIC 238**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
WOODBURY GRATWICK	OTP-AM	S-184

This bill amends several provisions of the Maine Insurance Code to incorporate recent amendments to model laws adopted by the National Association of Insurance Commissioners, or NAIC, and to make related technical changes. These amendments maintain the State's compliance with uniform financial solvency standards and with the NAIC's accreditation requirements for state insurance regulators.

Part A amends the insurance holding company laws to conform them to the current version of the relevant NAIC Model Act. It reorganizes provisions governing examinations, confidentiality and proposed change-of-control transactions, incorporating additional disclosure requirements and specific provisions on divestitures of controlling interests. It establishes new reporting requirements, including an enterprise risk report requirement and an own risk and solvency assessment requirement, and amends the review process with respect to disclaimers of affiliation and makes the process applicable to proposed acquisitions of presumptive control. It allows the Superintendent of Insurance to participate in consolidated approval proceedings for multistate transactions and in supervisory colleges, which are temporary or permanent forums for communication and cooperation among the regulators supervising an international insurance holding company system. Part A becomes effective January 1, 2014.

Part B amends the reinsurance laws to conform them to the current version of the NAIC's Credit for Reinsurance Model Act. It makes financially strong reinsurers domiciled in qualifying jurisdictions outside the United States eligible to apply for approval as certified reinsurers, with lower collateral requirements commensurate with their

## *Joint Standing Committee on Insurance and Financial Services*

financial strength and domiciliary oversight.

Part C amends Maine's Standard Valuation Law to conform it to the current version of the relevant NAIC Model Act, incorporating the new principle-based reserving requirements that will become effective when adopted by a supermajority of states.

Part D amends the risk-based capital laws to strengthen the NAIC trend test and to make it applicable to companies transacting all types of insurance.

Part E gives the superintendent rule-making authority to establish financial standards and corporate governance standards for captive insurance companies that are risk retention groups, to maintain compliance with NAIC accreditation requirements. It also makes various technical corrections to the laws governing risk retention groups for internal consistency and consistency with federal law.

### **Committee Amendment "A" (S-184)**

This amendment makes the following clarifying and technical changes to the bill.

In Part A, the amendment does the following.

1. It clarifies that the sharing of confidential information by the Superintendent of Insurance may not be done without prior notice to interested parties and that the further disclosure of that information is subject to the same requirements and conditions that apply if the superintendent discloses the information directly.
2. It clarifies that the superintendent has authority to order an insurer to produce records necessary to verify the accuracy of information required to be provided as part of an examination.
3. It moves a provision from one section to another.
4. It restores language deleted in the bill related to cost allocation arrangements.
5. It clarifies the provision relating to confidentiality of insurance company holding system information so that the superintendent may not share information with the National Association of Insurance Commissioners except in accordance with information-sharing agreements.
6. It adds an effective date of January 1, 2014 to Part A.

In Part B, the amendment makes several clarifying and grammatical changes.

In Part C, the amendment clarifies the application of the valuation manual and rules adopted by the superintendent.

### **Enacted Law Summary**

Public Law 2013, chapter 238 amends several provisions of the Maine Insurance Code to incorporate recent amendments to model laws adopted by the National Association of Insurance Commissioners, or NAIC, and to make related technical changes. These amendments maintain the State's compliance with uniform financial solvency standards and with the NAIC's accreditation requirements for state insurance regulators.

Part A amends the insurance holding company laws to conform them to the current version of the relevant NAIC Model Act. It reorganizes provisions governing examinations, confidentiality and proposed change-of-control transactions, incorporating additional disclosure requirements and specific provisions on divestitures of controlling interests. It establishes new reporting requirements, including an enterprise risk report requirement and an own risk and solvency assessment requirement, and amends the review process with respect to disclaimers of affiliation and makes the process applicable to proposed acquisitions of presumptive control. It allows the Superintendent of

*Joint Standing Committee on Insurance and Financial Services*

Insurance to participate in consolidated approval proceedings for multistate transactions and in supervisory colleges, which are temporary or permanent forums for communication and cooperation among the regulators supervising an international insurance holding company system.

Part B amends the reinsurance laws to conform them to the current version of the NAIC's Credit for Reinsurance Model Act. It makes financially strong reinsurers domiciled in qualifying jurisdictions outside the United States eligible to apply for approval as certified reinsurers, with lower collateral requirements commensurate with their financial strength and domiciliary oversight.

Part C amends Maine's Standard Valuation Law to conform it to the current version of the relevant NAIC Model Act, incorporating the new principle-based reserving requirements that will become effective when adopted by a supermajority of states.

Part D amends the risk-based capital laws to strengthen the NAIC trend test and to make it applicable to companies transacting all types of insurance.

Part E gives the superintendent rule-making authority to establish financial standards and corporate governance standards for captive insurance companies that are risk retention groups, to maintain compliance with NAIC accreditation requirements. It also makes various technical corrections to the laws governing risk retention groups for internal consistency and consistency with federal law.

**LD 1525     An Act To Streamline Billing for Mental Health Services**

**ONTP**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
EVES LACHOWICZ	ONTP	

This bill provides that insurers, health maintenance organizations and other administrators of health insurance claims may not require persons submitting those claims before January 1, 2014 to use revised billing codes under the 5th edition of the Diagnostic and Statistical Manual of Mental Disorders released in May 2013.

# *Joint Standing Committee on Insurance and Financial Services*

## SUBJECT INDEX

### *Banking and Credit Unions*

#### Not Enacted

LD 1078	Resolve, To Establish the Task Force on the Creation of a State of Maine Partnership Bank	ONTP
LD 1508	An Act To Create a Public State Bank	ONTP

### *Charitable Solicitations Act*

#### Enacted

LD 205	An Act To Exempt Free Clinics from Licensing under the Charitable Solicitations Act	PUBLIC 60
LD 1277	An Act To Streamline the Charitable Solicitations Act	PUBLIC 313

### *Consumer Credit*

#### Enacted

LD 1410	An Act To Update the Fair Credit Reporting Act Consistent with Federal Law	PUBLIC 228
---------	----------------------------------------------------------------------------	------------

#### Not Enacted

LD 393	An Act To Cap Interest Rates and Finance Charges on Credit and Loans	ONTP
LD 602	An Act Regarding the Regulation of Consumer Finance Companies	ACCEPTED MAJORITY (ONTP) REPORT
LD 1067	An Act To Allow Certain Small Retail Businesses To Pass Credit and Debit Card Transaction Fees on to Consumers	ONTP

### *Insurance, Health*

#### Enacted

LD 44	An Act Regarding Pharmacy Provider Audits	PUBLIC 71
LD 506	Resolve, Directing the Bureau of Insurance To Amend Its Rules Pertaining to Medicare Advantage Plans	RESOLVE 19 EMERGENCY
LD 648	An Act To Make Records of External Review Proceedings Overseen by the Bureau of Insurance Confidential	PUBLIC 274
LD 653	An Act To Remove an Unnecessary Provision in the Maine Insurance Code	PUBLIC 94
LD 812	An Act To Create an Open Enrollment Period Consistent with Federal Regulations for Health Insurance Exchanges	PUBLIC 271 EMERGENCY
LD 1006	An Act To Clarify Transparency of Medical Provider Profiling Programs Used by Insurance Companies and Other Providers of Health Insurance	PUBLIC 383
LD 1094	An Act To Clarify Certification of Navigators and the Availability of Regional Health Plans	PUBLIC 388
LD 1167	An Act Regarding the Maine Guaranteed Access Reinsurance Association	PUBLIC 273

## *Insurance, Health*

### Enacted

LD 1466      An Act To Amend the Law Governing Provider Contracts with Insurance Companies      PUBLIC 399

### Not Enacted

LD 83      An Act To Protect Health Insurance Ratepayers from Undocumented Rate Increases      ONTP

LD 102      An Act To Improve Health Insurance Transparency      ONTP

LD 161      An Act To Restrict a Health Insurance Carrier to Rating on the Basis of One Geographic Area      VETO  
SUSTAINED

LD 225      An Act To Restore Consumer Rate Review for Health Insurance Plans in the Individual Market      VETO  
SUSTAINED

LD 347      An Act To Amend Insurance Coverage for Diagnosis of Autism Spectrum Disorders      CARRIED OVER

LD 523      An Act To Require Health Insurance Coverage for Hearing Aids for Adults      CARRIED OVER

LD 546      An Act To Improve Transparency and Oversight of the Maine Guaranteed Access Reinsurance Association and To Make Changes Necessary To Comply with Federal Law      ONTP

LD 547      An Act To Ensure the Accountability of Taxpayer Funds and State Collaboration, Planning and Oversight in the Implementation and Operation of a Health Exchange in Maine      ONTP

LD 627      An Act Relating to Orally Administered Cancer Therapy      CARRIED OVER

LD 637      An Act To Prohibit Consideration of Preexisting Conditions in Short-term Disability Insurance      ONTP

LD 651      An Act To Amend the Captive Insurance Laws      LEAVE TO  
WITHDRAW

LD 681      An Act To Improve Oversight of Insurance Rates and Ensure Consistency with Federal Law      ONTP

LD 682      An Act To Require Health Insurers To Provide Coverage for Nutritional Wellness and Illness Prevention Measures and Products      MAJORITY  
(ONTP) REPORT

LD 971      An Act Regarding Exemptions under the Maine Insurance Code      ONTP

LD 984      An Act To Amend the Health Plan Improvement Law Regarding Prescription Drug Step Therapy and Prior Authorization      VETO  
SUSTAINED

LD 991      An Act To Promote Wellness and Prevention through Health Plans      MAJORITY  
(ONTP) REPORT

LD 1037      An Act To Provide Access to Affordable Health Care for All Maine Residents by 2020      CARRIED OVER

LD 1049      An Act To Establish an Insurance Exchange      ONTP

LD 1162      An Act To Ensure the Rights of Patients      ONTP

LD 1176      An Act To Require Health Insurers To Use One Geographic Area as Permitted by the Federal Patient Protection and Affordable Care Act      ONTP

## *Insurance, Health*

### Not Enacted

LD 1236	An Act To Amend the Maine Insurance Code To Ensure Fair and Reasonable Coverage and Reimbursement of Chiropractic Services	CARRIED OVER
LD 1345	An Act To Establish a Single-payor Health Care System To Be Effective in 2017	CARRIED OVER
LD 1367	An Act To Require Health Insurance Carriers and the MaineCare Program To Cover the Cost of Transition Services To Bridge the Gap between High School and Independence	CARRIED OVER
LD 1525	An Act To Streamline Billing for Mental Health Services	ONTP

## *Insurance, Motor Vehicle*

### Enacted

LD 133	An Act To Allow an Operator of a Motor Vehicle To Show Proof of Insurance by Electronic Means	PUBLIC 72
LD 628	An Act To Clarify Uninsured Vehicle Coverage for Multiple Claimants	PUBLIC 284

### Not Enacted

LD 756	An Act Regarding Subrogation of Medical Payments Coverage	DIED BETWEEN HOUSES
LD 1048	Resolve, To Study the Effect of Insufficient Automobile Insurance Coverage	ONTP

## *Insurance, Regulation and Practices*

### Enacted

LD 452	An Act Concerning Hurricane Deductibles	PUBLIC 38
LD 454	An Act Relating to Health Care Provider Liability Claims Reports	PUBLIC 59
LD 603	An Act To Repeal an Insurance Reporting Requirement	PUBLIC 52
LD 645	An Act To Allow the Adjustment of the Assessment Rate for the Rural Medical Access Program	PUBLIC 170
LD 848	Resolve, Directing the Bureau of Insurance To Amend Its Rules Pertaining to 3rd-party Notice of Cancellation	RESOLVE 39
LD 891	An Act To Create Uniform Claims Paying Practices in Long-term Care Insurance Policies	PUBLIC 278 EMERGENCY
LD 1444	An Act Relating to Title Insurers Issuing Closing or Settlement Protection	PUBLIC 233
LD 1485	An Act Relating to Insurance Company Formation and Dissolution	PUBLIC 299
LD 1519	An Act To Update the Maine Insurance Code To Maintain Conformance with Uniform National Standards	PUBLIC 238

### Not Enacted

LD 70	An Act To Require Full Disclosure by Insurance Carriers Using Credit Ratings	ONTP
LD 146	Resolve, Directing the Bureau of Insurance To Study Issues Related to Long-term Care Insurance	VETO SUSTAINED

**Insurance, Regulation and Practices**

**Not Enacted**

LD 204	An Act To Amend the Laws That Govern the Activities of Insurance Adjusters	MAJORITY (ONTP) REPORT
LD 580	An Act To Prohibit Denial of Insurance Coverage When a Building Contains a Wood Stove	ONTP
LD 683	An Act To Assist Homeowners with Wood Stoves in Obtaining Property Insurance	ONTP
LD 776	An Act To Amend the Laws Related to Rate and Form Filings	ONTP
LD 893	An Act To Protect Life Insurance Policyholders	ONTP
LD 1018	An Act Regarding Preneed Funeral Insurance	MAJORITY (ONTP) REPORT
LD 1192	An Act Prohibiting Property Insurance Discrimination Based on Breed of Dog	MAJORITY (ONTP) REPORT
LD 1413	An Act To Clarify Limitations on Homeowner's Insurance Policies Regarding Claims on Vacant Properties	ONTP

**Insurance, Workers' Compensation**

**Enacted**

LD 706	An Act To Amend the Workers' Compensation Self-insurance Laws	PUBLIC 172
--------	---------------------------------------------------------------	------------

**Not Enacted**

LD 806	An Act To Allow the Purchase of Workers' Compensation Insurance Coverage for Domestic Employees from an Insurance Company That Provides Liability Insurance for Homeowners or Tenants	ONTP
--------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------

**Miscellaneous**

**Enacted**

LD 727	An Act Establishing Health Care Practitioner Transparency Requirements	PUBLIC 285
--------	------------------------------------------------------------------------	------------

**Not Enacted**

LD 158	An Act To Amend the Notice of Risk to Personal Data Act To Further Protect Consumers	DIED BETWEEN HOUSES
LD 1092	An Act To Increase the Use of Long-term Care Insurance	CARRIED OVER
LD 1453	An Act To Increase the Transparency of Charges and Expenses of Hospitals That Receive State Funding	ONTP

**Securities**

**Enacted**

LD 176	An Act To Amend and Clarify the Maine Uniform Securities Act	PUBLIC 39
--------	--------------------------------------------------------------	-----------

LD 1266	An Act To Provide the Securities Administrator with the Power To Investigate Potential Violations Involving the Sale of Business Opportunities	PUBLIC 224 EMERGENCY
---------	------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------

**Not Enacted**

LD 1512	An Act To Increase Funding for Start-ups	CARRIED OVER
---------	------------------------------------------	--------------

**State Employees, Office of Employee Health and Benefits**

**Enacted**

**LD 1495     An Act To Amend the Laws Pertaining to Employee Health Insurance**

**PUBLIC 276**

**Not Enacted**

**LD 129     An Act To Give Retroactive Effect to the State Employee Health  
Commission's Reconsideration of Hospital Ratings**

**MAJORITY  
(ONTP) REPORT**

**LD 448     An Act To Authorize the State Employee Health Commission's Preferred  
Provider Program**

**ONTP**

## LD INDEX

LD #		Page #
LD 44	-----	Page 1
LD 70	-----	Page 1
LD 83	-----	Page 1
LD 102	-----	Page 2
LD 129	-----	Page 2
LD 133	-----	Page 3
LD 146	-----	Page 3
LD 158	-----	Page 4
LD 161	-----	Page 4
LD 176	-----	Page 5
LD 204	-----	Page 5
LD 205	-----	Page 6
LD 225	-----	Page 6
LD 347	-----	Page 7
LD 393	-----	Page 7
LD 448	-----	Page 8
LD 452	-----	Page 8
LD 454	-----	Page 8
LD 506	-----	Page 9
LD 523	-----	Page 9
LD 546	-----	Page 10
LD 547	-----	Page 10
LD 580	-----	Page 11
LD 602	-----	Page 11
LD 603	-----	Page 12
LD 627	-----	Page 12
LD 628	-----	Page 12
LD 637	-----	Page 13
LD 645	-----	Page 13
LD 648	-----	Page 14
LD 651	-----	Page 14
LD 653	-----	Page 14
LD 681	-----	Page 15
LD 682	-----	Page 15
LD 683	-----	Page 16
LD 706	-----	Page 16
LD 727	-----	Page 17
LD 756	-----	Page 17
LD 776	-----	Page 18
LD 806	-----	Page 18
LD 812	-----	Page 18
LD 848	-----	Page 19
LD 891	-----	Page 19
LD 893	-----	Page 20
LD 971	-----	Page 20
LD 984	-----	Page 20
LD 991	-----	Page 20
LD 1006	-----	Page 21
LD 1018	-----	Page 22
LD 1037	-----	Page 22
LD 1048	-----	Page 22
LD 1049	-----	Page 23
LD 1067	-----	Page 23
LD 1078	-----	Page 23

LD 1092	-----	Page 24
LD 1094	-----	Page 24
LD 1162	-----	Page 25
LD 1167	-----	Page 26
LD 1176	-----	Page 27
LD 1192	-----	Page 27
LD 1236	-----	Page 28
LD 1266	-----	Page 28
LD 1277	-----	Page 29
LD 1345	-----	Page 30
LD 1367	-----	Page 31
LD 1410	-----	Page 32
LD 1413	-----	Page 32
LD 1444	-----	Page 32
LD 1453	-----	Page 33
LD 1466	-----	Page 33
LD 1485	-----	Page 35
LD 1495	-----	Page 36
LD 1508	-----	Page 36
LD 1512	-----	Page 36
LD 1519	-----	Page 37
LD 1525	-----	Page 39