



STATE OF MAINE
DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION
BUREAU OF INSURANCE



Janet T. Mills
Governor

Robert L. Carey
Superintendent

Joan F. Cohen
Commissioner

Bulletin 494

2026 Legislative Changes Affecting Health Insurance in Maine

The following acts relating to health insurance in Maine were enacted during the Second Regular Session of the 132nd Legislature. These acts are effective on July 29, 2026, except where otherwise noted. Licensees should take appropriate steps in advance of the effective dates of these laws to ensure full compliance. Licensees are also encouraged to contact the appropriate Bureau work unit with any questions.

- **LD 378 - An Act to Clarify That Health Insurers Must Comply with Plan Sponsors' Statutory Rights to Audit Claims and Data Requests Related to Those Audits¹**

This act is an update to LD 1906 (An Act to Improve Accountability and Understanding of Data in Insurance Transactions), which was enacted in 2025. Under the 2025 law, the statutory definition of “administrator” in the chapter governing third part administrators (TPA) did not include insurance companies, and therefore insurance companies that acted as TPAs did not have to comply with the auditing requirements of LD 1906. By broadening the definition, the act extends audit rights to plan sponsors that contract with insurance companies providing TPA services. This act became effective on April 13, 2026.

Sections affected:

24-A M.R.S. §1914(2) – Amended
24-A M.R.S. §1914(4) - Amended
24-A M.R.S. §1914(4-A) - New
24-A M.R.S. §1914(5-A) - New
24-A M.R.S. §4347(1-A) - New
24-A M.R.S. §4347(18-A) - Amended
24-A M.R.S. §4349-B(2) - Amended
24-A M.R.S. §4349-B(4) - Amended
24-A M.R.S. §4349-B(4-A) - New

- **LD 582 - An Act to Require Health Insurance Carriers to Provide Coverage for Blood Testing for Perfluoroalkyl and Polyfluoroalkyl Substances²**

¹ [Public Law 2025, Chapter 652](#)

² [Public Law 2025, Chapter 710](#)

This act requires carriers offering health plans in the State to provide coverage for PFAS testing when recommended by a provider as medically necessary in insurance contracts issued or renewed on or after January 1, 2027. The act clarifies that testing is considered medically necessary if a provider determines that the enrollee meets clinical guidelines for blood testing for PFAS established by the National Academies of Sciences, Engineering, and Medicine, its successor organization, or a comparable organization.

Section affected:

24-A M.R.S. §4320-W - New

- **LD 1502 - An Act to Update the Requirements for Health Insurance Coverage of Prostate Cancer Screening³**

This act expands the scope of existing prostate cancer screening services for insurance contracts issued or renewed on or after January 1, 2027. The act requires the coverage of services for the early detection of prostate cancer, if recommended by a physician, when supported by medical and scientific evidence according to the most recently published nationally recognized clinical practice guideline. This replaces the former age-based eligibility criteria for screenings. The act also prohibits insurance carriers from imposing any deductible, copayment, coinsurance, or other cost-sharing for these screenings.

Sections affected:

24 M.R.S. §2325-C - Amended
 24-A M.R.S. §2745-G - Amended
 24-A M.R.S. §2837-H - Amended
 24-A M.R.S. §4244 - Amended

- **LD 1970 - An Act to Amend the Laws Regarding Consent for HIV Testing and Disclosure of Related Medical Information for Insurance Purposes⁴**

This act provides that a patient may be tested for HIV only with the patient's informed consent. The act does not preclude disclosure in a medical record for the purpose of seeking insurance reimbursement.

Sections affected:

5 M.R.S. §19203(2) - Amended
 5 M.R.S. §19203-A(1) - Amended
 5 M.R.S. §19203-A - Amended
 5 M.R.S. §19203-A(1) - Amended
 5 M.R.S. §19203-D(7) - New

³ [Public Law 2025, Chapter 712](#)

⁴ [Public Law 2025, Chapter 559](#)

- **LD 2005 - An Act Regarding Mail Order Delivery of Prescription Drugs⁵**

This act requires that if a person uses a mail order pharmacy and the medication is delayed by more than 1 day after the expected delivery date or arrives in an unusable condition, the covered person is allowed to obtain their prescription drug at a network brick-and-mortar pharmacy. In this situation, the consumer may not be subject to any additional out-of-pocket costs beyond what they would have paid in cost-sharing for the original mail order.

Section affected:

24-A M.R.S. §4349(7) - New

- **LD 2011 - An Act to Remove the MaineCare Program from the Prescription Drug Benefit Provisions in the Maine Insurance Code⁶**

This act removes MaineCare from the definition of “carrier” for the purposes of the regulation of health plans that provide prescription drug benefits.

Section affected:

24-A M.R.S. §4347(3) - Amended

- **LD 2071 - An Act to Expand Access to Vaccines Approved by the United States Food and Drug Administration by Allowing Pharmacists to Prescribe, Dispense and Administer Vaccines and Require Insurance Coverage⁷**

Major medical carriers are currently required to cover without cost-sharing vaccines approved by the federal Centers for Disease Control and Prevention’s (CDC) Advisory Committee on Immunization Practices (ACIP). This act requires the same zero cost-sharing coverage for vaccines licensed by the Food and Drug Administration (FDA) and recommended by the American Academy of Pediatrics, the American Academy of Family Physicians, or the American College of Obstetricians and Gynecologists.

The act also allows pharmacists to not only dispense or administer vaccines, but to prescribe them to a person at least 6 months old for flu and Covid vaccines, and to a person at least 18 years old for vaccines other than flu and Covid. The act allows pharmacists to dispense or administer vaccines to a person 3-18 years old with a prescription from another health care provider and allows pharmacy interns with appropriate training and under a pharmacist’s direct supervision to administer a drug or vaccine to persons at least 6 months within the age restrictions for each vaccine type.

The act removes the requirement that a pharmacist separately notify the person’s primary care provider that a vaccine has been given, as this information is already captured in the state immunization information reporting system.

⁵ [Public Law 2025, Chapter 674](#)

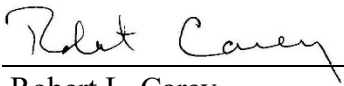
⁶ [Public Law 2025, Chapter 561](#)

⁷ [Public Law 2025, Chapter 683](#)

Sections affected:

24-A M.R.S. §4320-A(1)(B) - Amended
32 M.R.S. §13831(1) - Amended
32 M.R.S. §13831(7) - Amended
32 M.R.S. §13831(2) - Amended
32 M.R.S. §13831(2-A) - Amended
32 M.R.S. §13834(1) - Amended

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Robert L. Carey
Superintendent of Insurance

NOTE: This Bulletin is intended solely for informational purposes. It is not intended to set forth legal rights, duties, or privileges, nor is it intended to provide legal advice. Readers should consult applicable statutes and rules and contact the Bureau of Insurance if additional information is needed.