

STATE OF MAINE
126TH LEGISLATURE
SECOND REGULAR SESSION



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

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

May 2014

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STAFF:

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

STATE OF MAINE
126TH LEGISLATURE
SECOND REGULAR SESSION
LEGISLATIVE DIGEST OF BILL SUMMARIES AND
ENACTED LAWS

The *Digest* is arranged within each committee by Legislative Document (LD) number. The committee report(s), prime sponsor and lead co-sponsor(s), if designated, are listed below each LD title. All adopted amendments are summarized and listed by paper number. A subject index is included with each committee.

Final action on each LD is noted to the right of the LD title. The following describes the various final actions.

CARRIED OVER.....carried over to a subsequent session of the Legislature
CON RES XXX chapter # of constitutional resolution passed by both houses
CONF CMTE UNABLE TO AGREE..... Committee of Conference unable to agree; legislation died
DIED BETWEEN HOUSESHouse & Senate disagreed; legislation died
DIED IN CONCURRENCE defeated in each house, but on different motions; legislation died
DIED ON ADJOURNMENT action incomplete when session ended; legislation died
EMERGENCYenacted law takes effect sooner than 90 days after session adjournment
FAILED, EMERGENCY ENACTMENT or FINAL PASSAGE.....emergency failed to receive required 2/3 vote
FAILED, ENACTMENT or FINAL PASSAGE..... failed to receive final majority vote
FAILED, MANDATE ENACTMENT.....legislation proposing local mandate failed required 2/3 vote
HELD BY GOVERNOR..... Governor has not signed; final disposition to be determined at subsequent session
LEAVE TO WITHDRAW.....sponsor's request to withdraw legislation granted
NOT PROPERLY BEFORE THE BODY.....ruled out of order by the presiding officer; legislation died
INDEF PP..... indefinitely postponed; legislation died
ONTP, ACCEPTED, MAJORITY, MINORITY or REPORT X... ought-not-to-pass report accepted; legislation died
P&S XXX..... chapter # of enacted private & special law
PUBLIC XXX chapter # of enacted public Law
RESOLVE XXX chapter # of finally passed resolve
VETO SUSTAINED.....Legislature failed to override Governor's veto

The effective date for non-emergency legislation enacted in the Second Regular Session of the 126th Legislature is August 1, 2014. The effective date for legislation enacted as an emergency measure may be found in the enacted law summary for that legislation.

Joint Standing Committee on Insurance and Financial Services

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

PUBLIC 597

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
LACHOWICZ FARNSWORTH	OTP-AM ONTP	S-412

This bill was carried over from the First Regular Session of the 126th Legislature.

The bill expands health insurance coverage for autism spectrum disorders to persons 21 years of age and under. Current law requires coverage for only those five years of age and under. The bill applies to individual, group health and group health maintenance organization insurance policies, contracts, and certificates issued or renewed on or after January 1, 2014.

Committee Amendment "A" (S-412)

This amendment is the majority report of the committee.

The amendment expands health insurance coverage for autism spectrum disorders to persons ten years of age and under, whereas the bill expands it to persons 21 years of age and under. Current law requires coverage for persons five years of age and under. The provision applies to individual, group health and individual and group health maintenance organization insurance policies, contracts, and certificates issued or renewed on or after January 1, 2015.

Enacted Law Summary

Public Law 2013, chapter 597 expands health insurance coverage for autism spectrum disorders to persons 10 years of age and under. Current law requires coverage for persons 5 years of age and under. The law applies to individual, group health and individual and group health maintenance organization insurance policies, contracts and certificates issued or renewed on or after January 1, 2015.

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

Veto Sustained

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
VALENTINO BECK	OTP-AM ONTP	S-378

This bill was carried over from the First Regular Session of the 126th Legislature.

The bill requires health insurance coverage for hearing aids for persons over 18 years of age. Under current law, coverage must be provided for individuals 18 years of age and under.

Committee Amendment "A" (S-378)

This amendment is the majority report of the committee and changes the title.

The amendment requires health insurance carriers to provide coverage for hearing aids for individuals 26 years of age and under. Under current law, coverage must be provided for individuals 18 years of age and under. The requirements apply to all policies, contracts, and certificates issued or renewed on or after January 1, 2015.

Joint Standing Committee on Insurance and Financial Services

LD 627 An Act Relating to Orally Administered Cancer Therapy

PUBLIC 449

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
CAIN HOBBINS	OTP-AM	S-379

This bill was carried over from the First Regular Session of the 126th Legislature.

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

Committee Amendment "B" (S-379)

This amendment replaces the bill and requires health insurance carriers that provide coverage for cancer chemotherapy to include coverage for orally administered anticancer medications that is equivalent to the coverage provided for intravenously administered or injected anticancer medications. The amendment also clarifies that the provision does not limit a carrier's ability to establish a prescription drug formulary, and does not require a carrier to cover an orally administered anticancer medication simply because it is an alternative to an intravenously administered or injected anticancer medication.

The amendment applies to all policies, contracts, and certificates issued or renewed on or after January 1, 2015.

Enacted Law Summary

Public Law 2013, chapter 449 requires health insurance carriers that provide coverage for cancer chemotherapy to include coverage for orally administered anticancer medications that is equivalent to the coverage provided for intravenously administered or injected anticancer medications. The law specifies that the provision does not limit a carrier's ability to establish a prescription drug formulary and does not require a carrier to cover an orally administered anticancer medication simply because it is an alternative to an intravenously administered or injected anticancer medication.

Public Law 2013, chapter 449 applies to all policies, contracts and certificates issued or renewed on or after January 1, 2015.

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

ONTP

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

This bill was carried over from the First Regular Session of the 126th Legislature.

The 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.

See related bill, LD 1345, An Act to Establish a Single-payor Health Care System to be Effective in 2017.

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

ONTP

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

This bill was carried over from the First Regular Session of the 126th Legislature.

The 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.

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

**Accepted Majority
(ONTP) Report**

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

This bill was carried over from the First Regular Session of 126th Legislature.

The 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.

Committee Amendment "A" (S-376)

This amendment is the minority report of the committee and replaces the bill. The amendment requires coverage and reasonable payment by health insurers and health maintenance organizations for medically necessary services within the scope of practice of chiropractic doctors. It requires insurers to provide benefits covering and paying for care by chiropractic doctors. Under the amendment, 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. It also prohibits the imposition of unreasonable patient copayment, coinsurance, or deductible requirements that exceed those patient obligations imposed with respect to other provider

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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 two 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.

Committee Amendment "A" (H-771)

The amendment, which is the majority report, replaces the bill and changes it into a resolve.

The amendment expresses the Legislature's intent that all Maine residents have access to and coverage for affordable, quality health care. The amendment requires the joint standing committee of the Legislature having jurisdiction over insurance and financial services matters to solicit the services of one or more consultants to propose design options for creating a universal system of health care in the State. The resolve requires the consultant or consultants to submit a proposal by December 2, 2015, containing at least three design options that comply with the federal Patient Protection and Affordable Care Act.

The amendment includes a provision requiring the State Controller to transfer \$100,000 from the State Innovation Model grant received by the Department of Health and Human Services pursuant to the federal Patient Protection and Affordable Care Act before June 30, 2015, to fund the study required by the resolve. If funds exceeding \$100,000 are received from other public and private sources before December 1, 2015, the amendment requires that the money be transferred back to the Department of Health and Human Services.

LD 1367 **Resolve, To Improve Early Diagnosis, Treatment and Outcomes for Youth and Young Adults with, or at Risk for, Serious Mental Health Conditions**

Veto Sustained

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
GRAHAM	OTP-AM	H-717
ALFOND	ONTP	S-553 HILL

This bill was carried over from the First Regular Session of the 126th Legislature.

The 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.

Committee Amendment "A" (H-717)

This amendment is the majority report of the committee and replaces the bill and changes the title.

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The amendment requires the MaineCare program and health insurance carriers to provide coverage for care coordination and assertive community treatment services for eligible persons who are 26 years of age or under who meet the criteria for a psychiatric diagnosis and experience significant impairment in function as determined by a licensed mental health provider. The amendment adds a definition of "assertive community treatment services." The requirements imposed on health insurance carriers apply to individual, group health and group health maintenance organization insurance policies, contracts, and certificates issued or renewed on or after January 1, 2015. The amendment specifies the scope and length of coverage for eligible persons based on age rather than referring to persons who have graduated from high school as in the bill. The amendment also more specifically describes the types of services required to be covered.

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

Senate Amendment "A" To Committee Amendment "A" (S-553)

This amendment replaces Committee Amendment "A" and makes the bill a resolve. The amendment requires the Department of Health and Human Services to apply for federal grants that might be available from the United States Department of Health and Human Services, Substance Abuse and Mental Health Services Administration under the "Now is the Time" Healthy Transitions: Improving Life Trajectories for Youth and Young Adults with, or at Risk for, Serious Mental Health Conditions grant program to provide services and supports to address serious mental health conditions, co-occurring disorders and the risks for developing serious mental health conditions among youth 16 to 26 years of age. The amendment requires the department to apply for grant money no later than June 1, 2014.

LD 1512 An Act To Increase Funding for Start-ups

**PUBLIC 452
EMERGENCY**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
ALFOND	OTP-AM	S-382

This bill was carried over from the First Regular Session of the 126th Legislature.

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.

The 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

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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.

Committee Amendment "A" (S-382)

This amendment replaces the bill and adds an emergency preamble and emergency clause. Like the bill, the purpose of the amendment 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 securities to a wider pool of small investors with fewer restrictions.

This amendment provides for a streamlined registration process and simplified registration statement if the issuer and the offering meet certain conditions, including:

1. The issuer of the security is a business entity formed and registered under Maine law with its principal place of business in Maine;
2. The dollar amount of the securities sold by an issuer during any 12-month period does not exceed \$1,000,000;
3. The dollar amount of securities sold to any single investor does not exceed \$5,000 unless the investor is an accredited investor as defined in regulations adopted by the federal Securities and Exchange Commission;
4. The offering meets the requirements for a federal exemption from registration for small offerings as set forth in regulations adopted by the federal Securities and Exchange Commission;
5. The issuer files with the administrator and provides to investors and prospective investors an offering document meeting the requirements of state law and any rules adopted or orders issued by the administrator; and
6. The issuer sets aside in a separate bank account funds received from investors until such time as the minimum offering amount is reached. If the minimum offering amount is not met within one year of the effective date of the offering, the issuer must return all funds to investors.

Enacted Law Summary

Public Law 2013, chapter 452 provides for a streamlined registration process and simplified registration statement if the issuer and the offering meet certain conditions, including:

1. The issuer of the security is a business entity formed and registered under Maine law with its principal place of business in Maine;
2. The dollar amount of the securities sold by an issuer during any 12-month period does not exceed \$1,000,000;
3. The dollar amount of securities sold to any single investor does not exceed \$5,000 unless the investor is an accredited investor as defined in regulations adopted by the federal Securities and Exchange Commission;
4. The offering meets the requirements for a federal exemption from registration for small offerings as set forth in regulations adopted by the federal Securities and Exchange Commission;
5. The issuer files with the administrator and provides to investors and prospective investors an offering document meeting the requirements of state law and any rules adopted or orders issued by the administrator; and
6. The issuer sets aside in a separate bank account funds received from investors until such time as the minimum offering amount is reached. If the minimum offering amount is not met within one year of the effective date of the

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offering, the issuer must return all funds to investors.

Public Law 2013, chapter 452 was enacted as an emergency measure effective March 2, 2014.

LD 1600 An Act To Require Health Insurers To Provide Coverage for Human Leukocyte Antigen Testing To Establish Bone Marrow Donor Transplantation Suitability

PUBLIC 603

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
RANKIN LANGLEY	OTP-AM ONTP OTP-AM	H-755

This bill requires health insurance coverage for laboratory fees up to \$150 arising from human leukocyte antigen testing performed to establish bone marrow transplantation suitability.

Committee Amendment "A" (H-755)

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

The amendment requires carriers offering health plans in this State to provide coverage for laboratory fees up to \$150 arising from human leukocyte antigen testing performed to establish bone marrow transplantation suitability, and prohibits carriers from imposing any cost-sharing requirement on enrollees for the test. The amendment specifies that enrollees in a health plan must meet the criteria for testing established by the National Marrow Donor Program and sign an informed consent form at the time of testing along with an acknowledgment that the enrollee is willing to be a donor if a suitable match is found. Testing is limited to once per lifetime.

The amendment applies to all health plan policies and contracts issued or renewed on or after January 1, 2015.

Committee Amendment "B" (H-756)

This amendment is a minority report of the committee and replaces the bill.

The amendment requires carriers offering health plans in this State to provide coverage for laboratory fees up to \$150 arising from human leukocyte antigen testing performed to establish bone marrow transplantation suitability, and prohibits carriers from imposing any cost-sharing requirement on enrollees for the test. The amendment specifies that enrollees in a health plan must meet the criteria for testing established by the National Marrow Donor Program and sign an informed consent form at the time of testing along with an acknowledgment that the enrollee is willing to be a donor if a suitable match is found. Testing is limited to once per lifetime. Unlike the majority report, this amendment limits the scope of coverage to immediate family members and donor drives conducted for a specified individual donee.

The amendment applies to all health plan policies and contracts issued or renewed on or after January 1, 2015.

Enacted Law Summary

Public Law 2013, chapter 603 requires carriers offering health plans in this State to provide coverage for laboratory fees up to \$150 arising from human leukocyte antigen testing performed to establish bone marrow transplantation suitability, and prohibits carriers from imposing any cost-sharing requirement on enrollees for the test. The law specifies that enrollees in a health plan must meet the criteria for testing established by the National Marrow Donor Program and sign an informed consent form at the time of testing along with an acknowledgment that the enrollee is willing to be a donor if a suitable match is found. Testing is limited to once per lifetime.

The law applies to all health plan policies and contracts issued or renewed on or after January 1, 2015.

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The amendment also requires a health insurance carrier to disclose upon request from a provider the reason for the carrier's decision not to offer the provider the opportunity to participate, or to include the provider in any provider network of the carrier. The amendment requires that the written explanation indicate whether the reason was related to the provider's performance with respect to quality, cost or cost-efficiency. The amendment stipulates that a provider has no right of action as the result of such a disclosure.

Committee Amendment "B" (H-719)

This amendment is the minority report of the committee and replaces the bill. The amendment requires a health insurance carrier to disclose information about its provider networks, including whether there are any hospitals, health care facilities, physicians or other providers not included in the provider's network and any differences in an enrollee's financial responsibilities for payment of covered services to a participating provider and to a provider not included in a provider network. The amendment authorizes the Superintendent of Insurance to adopt rules setting forth the manner, content and required disclosure of the information and specifies that those rules are routine technical rules.

This amendment does not include the additional provision included in the majority report, which requires a health insurance carrier to disclose upon request from a provider the reason for not including the provider in the carrier's provider network.

Committee Amendment "B" was not adopted.

Enacted Law Summary

Public Law 2013, chapter 535 requires a health insurance carrier to disclose information about its provider networks, including whether there are any hospitals, health care facilities, physicians or other providers not included in the provider's network and any differences in an enrollee's financial responsibilities for payment of covered services to a participating provider and to a provider not included in a provider network. The law authorizes the Superintendent of Insurance to adopt rules setting forth the manner, content and required disclosure of the information and specifies that those rules are routine technical rules.

The law also requires a health insurance carrier to disclose upon request from a provider the reason for the carrier's decision not to offer the provider the opportunity to participate or to include the provider in any provider network of the carrier. The written explanation provided by the carrier must indicate whether the reason was related to the provider's performance with respect to quality, cost or cost-efficiency. The law stipulates that a provider has no right of action as the result of such a disclosure.

LD 1691 An Act To Stop Unlicensed Loan Transactions

PUBLIC 480

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
POWERS GRATWICK	OTP-AM	H-615 S-408 GRATWICK

This bill establishes that it is an unfair or deceptive act or practice in commerce, a violation of the Maine Unfair Trade Practices Act, and a violation of the Maine Consumer Credit Code if a lender, including a payday lender, makes an unlicensed loan transaction or assists in such a transaction. The bill does not affect supervised financial organizations.

Committee Amendment "A" (H-615)

This amendment makes the following technical changes to the bill.

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1. It clarifies that the definition of "lender" applies only to the lending of money to be consistent with how the term is used in other areas of the Maine Consumer Credit Code.
2. It replaces the term "federally insured depository institution" with the term "supervised financial organization" to be consistent with other language used in the bill and in the Maine Consumer Credit Code.
3. It clarifies the violation of a person's or lender's providing assistance to a lender or processor when the person or lender has knowledge that the lender or processor is unlicensed by providing that the assistance must have been substantial.

Senate Amendment "A" (S-408)

This amendment provides that a processor does not include the nationwide automated electronic funds transfer system that provides for an interbank exchange of either checks or automated debit or credit entries.

Enacted Law Summary

Public Law 213, chapter 480 establishes that it is an unfair or deceptive act or practice in commerce, a violation of the Maine Unfair Trade Practices Act, and a violation of the Maine Consumer Credit Code, if a lender, including a payday lender, makes an unlicensed loan transaction or assists in such a transaction.

LD 1712	An Act To Make Technical Corrections to the Maine Consumer Credit Code To Facilitate the Multistate Licensing Process	PUBLIC 466
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<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
WHITTEMORE	OTP	

This bill makes the following changes to the Maine Consumer Credit Code.

1. It makes changes to the laws governing the licensing of lenders who make supervised loans, and the licensing of loan brokers depending on whether those lenders and brokers make or arrange residential mortgage loans. Lenders and brokers who make or arrange residential mortgage loans must apply for and renew licenses electronically through the nationwide mortgage licensing system and registry. Different fees for licensing and renewal are charged depending on whether lenders and brokers make or arrange residential mortgage loans, since mortgage lenders receive one-year licenses and nonmortgage lenders receive two-year licenses.
2. It requires that each branch location license application to make supervised loans be accompanied by a surety bond in the amount of \$50,000.
3. It allows the Superintendent of Consumer Credit Protection to require a licensee to file quarterly reports.
4. It removes references to specific topics that must be covered in prelicensing education, testing, and continuing education for mortgage loan originators. It also repeals rule making provisions related to continuing education.

Enacted Law Summary

Public Law 2013, chapter 466 makes the following changes to the Maine Consumer Credit Code.

1. It makes changes to the laws governing the licensing of lenders who make supervised loans and the licensing of loan brokers depending on whether those lenders and brokers make or arrange residential mortgage loans. Lenders and brokers who make or arrange residential mortgage loans must apply for and renew licenses electronically through the nationwide mortgage licensing system and registry. Different fees for licensing and renewal are charged depending on whether lenders and brokers make or arrange residential mortgage loans, since mortgage lenders

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receive one-year licenses and nonmortgage lenders receive two-year licenses.

- 2. It requires that each branch location license application to make supervised loans be accompanied by a surety bond in the amount of \$50,000.
- 3. It allows the Superintendent of Consumer Credit Protection to require a licensee to file quarterly reports.
- 4. It removes references to specific topics that must be covered in prelicensing education, testing and continuing education for mortgage loan originators. It also repeals rule making provisions related to continuing education.

**LD 1760 An Act To Implement the Recommendations of the Commission To
Study Transparency, Costs and Accountability of Health Care System
Financing**

PUBLIC 560

Sponsor(s)

Committee Report

Amendments Adopted

OTP-AM

S-503

This bill implements the recommendations of the Commission To Study the Transparency, Costs and Accounting of Health Care System Financing.

- 1. The bill requires health care practitioners and health care facilities to provide clients, upon request, with an individualized cost estimate for anticipated health care services associated with that specific entity's services.
- 2. The bill directs health care practitioners to expand public awareness of the Maine Health Data Organization and its website by displaying at practitioners' offices information on the Maine Health Data Organization and how consumers can become more informed of the costs associated with health care procedures.
- 3. The bill amends the laws governing the information that hospitals and ambulatory surgical centers are required to make available to consumers by adding a requirement that these entities prominently display a notice informing consumers of their ability to request and receive information on the average charges for any inpatient service or outpatient procedure provided by the hospital or center upon request.
- 4. The bill amends the annual statutory reporting requirement for the Maine Health Data Organization to include language requiring the Maine Health Data Organization to include in its report an update on its collaborative efforts with other health data organizations to improve consumer access to information on health care quality and price and health care transparency initiatives in this State. The bill also amends the statutory provisions governing the Maine Health Data Organization annual report to require that the joint standing committee of the Legislature having jurisdiction over insurance and financial services matters, in addition to the joint standing committee of the Legislature having jurisdiction over health and human services matters, be provided with the annual report.

Committee Amendment "A" (S-503)

This amendment does the following.

- 1. It adds language to section 1 of the bill requiring hospitals and ambulatory surgical centers to also identify each third-party health care practitioner or facility that will provide health care services or procedures to a consumer as part of a single medical encounter to enable the consumer to seek an estimate of the total price of medical services to be rendered directly by each practitioner or facility.
- 2. It removes the provision of the bill that requires health care practitioners to prominently display information on price transparency tools to assist consumers to obtain estimates of health care costs, the substance of which has been enacted into law by other legislation and removes the provision of the bill requiring each health care practitioner

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and health care facility to provide an individualized cost estimate for a client's anticipated health care services and procedures.

3. It requires that health care practitioners and health care facilities provide uninsured patients, upon request, with an estimate of the total price of a single medical encounter and notification of any charity care policy adopted by the practitioner or facility. If the practitioner or facility is unable to provide an accurate estimate of the total price because the amount of a medical service to be consumed during the medical encounter is unknown in advance, the practitioner or facility must provide a brief description of the basis for determining the total price. If a single medical encounter will involve medical services to be rendered by one or more third-party health care practitioners or facilities, the practitioner or facility must identify each third-party practitioner or facility to enable the uninsured patient to seek an estimate of the total price of medical services to be rendered directly by each practitioner or facility.

Enacted Law Summary

Public Law 2013, chapter 560 requires that health care practitioners and health care facilities provide uninsured patients, upon request, with an estimate of the total price of a single medical encounter, and notification of any charity care policy adopted by the practitioner or facility. If the practitioner or facility is unable to provide an accurate estimate of the total price because the amount of a medical service to be consumed during the medical encounter is unknown in advance, the practitioner or facility must provide a brief description of the basis for determining the total price. If a single medical encounter will involve medical services to be rendered by one or more third-party health care practitioners or facilities, the practitioner or facility must identify each third-party practitioner or facility to enable the uninsured patient to seek an estimate of the total price of medical services to be rendered directly by each practitioner or facility.

The law amends the laws governing the information that hospitals and ambulatory surgical centers are required to make available to consumers by adding a requirement that these entities prominently display a notice informing consumers of their ability to request and receive information on the average charges for any inpatient service or outpatient procedure provided by the hospital or center upon request. In addition, if a single medical encounter will involve medical services to be rendered by one or more third-party health care practitioners or facilities, the hospital or ambulatory surgical center must identify each third-party practitioner or facility to enable an individual to seek an estimate of the total price of medical services to be rendered directly by each practitioner or facility.

The law amends the annual statutory reporting requirement for the Maine Health Data Organization to include language requiring the Maine Health Data Organization to include in its report an update on its collaborative efforts with other health data organizations to improve consumer access to information on health care quality and price and health care transparency initiatives in this State. The law also amends the statutory provisions governing the Maine Health Data Organization annual report to require that the joint standing committee of the Legislature having jurisdiction over insurance and financial services matters, in addition to the joint standing committee of the Legislature having jurisdiction over health and human services matters, be provided with the annual report.

Joint Standing Committee on Insurance and Financial Services

SUBJECT INDEX

Consumer Credit

Enacted

LD 1651	An Act To Update Citations of Recodified Federal Regulations in the Maine Consumer Credit Code	PUBLIC 464
LD 1691	An Act To Stop Unlicensed Loan Transactions	PUBLIC 480
LD 1712	An Act To Make Technical Corrections to the Maine Consumer Credit Code To Facilitate the Multistate Licensing Process	PUBLIC 466

Insurance, Health

Enacted

LD 347	An Act To Amend Insurance Coverage for Diagnosis of Autism Spectrum Disorders	PUBLIC 597
LD 627	An Act Relating to Orally Administered Cancer Therapy	PUBLIC 449
LD 1600	An Act To Require Health Insurers To Provide Coverage for Human Leukocyte Antigen Testing To Establish Bone Marrow Donor Transplantation Suitability	PUBLIC 603
LD 1676	An Act To Strengthen Disclosure about Provider Networks in Health Insurance Plans to Consumers and Providers	PUBLIC 535
LD 1760	An Act To Implement the Recommendations of the Commission To Study Transparency, Costs and Accountability of Health Care System Financing	PUBLIC 560

Not Enacted

LD 523	An Act To Require Health Insurance Coverage for Hearing Aids for Adults	Veto Sustained
LD 1037	An Act To Provide Access to Affordable Health Care for All Maine Residents by 2020	ONTP
LD 1236	An Act To Amend the Maine Insurance Code To Ensure Fair and Reasonable Coverage and Reimbursement of Chiropractic Services	Majority (ONTP) Report
LD 1345	Resolve, To Study the Design and Implementation of Options for a Universal Health Care Plan in the State That Is in Compliance with the Federal Patient Protection and Affordable Care Act	Veto Sustained
LD 1367	Resolve, To Improve Early Diagnosis, Treatment and Outcomes for Youth and Young Adults with, or at Risk for, Serious Mental Health Conditions	Veto Sustained
LD 1629	An Act To Amend the Laws Governing the Provider Profiling Program	ONTP

Insurance, Regulation and Practices

Not Enacted

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

Enacted

LD 1512	An Act To Increase Funding for Start-ups	PUBLIC 452 EMERGENCY
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