

LD 1577

This bill requires insurance coverage, including coverage in the MaineCare program, for biomarker testing.

LD 1722

This resolve establishes the Blue Ribbon Commission to Design a Plan for Sustained Investment in Preventing Disease and Improving the Health of Maine Communities to evaluate funding models and structures that allow for the sustained investment in the health and prosperity of youth and families in the State and make recommendations for further legislative action.

LD 1736

This bill makes the following changes to broaden HIV testing in the State. 1. It requires an individual 13 years of age or older who is receiving medical services in a hospital or in an urgent care facility or from a primary care provider in an outpatient office setting to be offered an HIV test if the individual has not been under regular care from a primary care provider unless that individual is being treated for a life-threatening emergency. 2. It requires a health care provider to include an HIV test in the standard set of medical tests performed on an individual with a possible sexually transmitted disease or infection. 3. It requires health insurance carriers to provide coverage for annual HIV testing for all individuals 13 years of age or older in health

insurance policies and contracts beginning January 1, 2024.

LD 1740

Under current law, health care entities are required to provide an estimate of the total price of medical services to be rendered directly by that health care entity during a single medical encounter within a reasonable time of a request from an uninsured patient. This bill requires health care entities to provide a good faith estimate of the allowed amount under an insured patient's health insurance coverage to be paid by an insurer for the medical services to be rendered directly by that health care entity during a single medical encounter. This bill requires the information to be provided within 3 business days of a request from an insured patient to the patient and to the patient's health insurance carrier. This bill also requires health care entities to post notice of a patient's right to request this information in their offices and include such notice in a patient's written consent to treatment form that must be signed prior to receiving health care treatment or services. The bill requires health insurance carriers to provide an insured patient with an advanced explanation of benefits within 3 business days of receiving a good faith estimate from a health care entity for medical services.

LD 1766

This bill requires a carrier requesting medical records or documents for utilization review to compensate a health care provider for reasonable expenses to provide the requested records or documents.

LD 1768

This bill provides that: 1. After implementing the alternative payment method for federally qualified health centers similar to the prospective payment system required by federal law but using an updated base year, the Department of Health and Human Services must further update the base year of that alternative system no later than June 30, 2026, and no less frequently than every 3 years thereafter; and 2. The department may also adjust rates determined under the alternative payment method as needed to reflect prevailing wage rates and workforce shortages.

LD 1792

This resolve establishes the Rural Health Services Task Force to study rural health care delivery in the State.

LD 1793

This resolve requires the Department of Health and Human Services to enter into a contract with Civica Rx in order to purchase discounted insulin pens and to obtain preferential access to insulin manufactured at Civica Rx's facility.

LD 1795

This bill prohibits certain health care providers from charging, billing or collecting a facility fee in certain situations and requires annual reporting on the amount of facility fees charged or billed.

LD 1615

This bill repeals the limitation that no more than 12 different nonprescription drugs may be dispensed by any single vending machine.