

PLEASE NOTE: Legislative Information *cannot* perform research, provide legal advice, or interpret Maine law. For legal assistance, please contact a qualified attorney.

## An Act To Limit Health Care Mandates

Be it enacted by the People of the State of Maine as follows:

**Sec. 1. 24-A MRS §4303, sub-§1-A** is enacted to read:

**1-A. Minimum essential benefits.** Notwithstanding any other provision of this Title or Title 24, a carrier offering or renewing a health plan in this State on or after January 1, 2014 may not provide benefits or coverage that exceeds the health care benefits included in the minimum essential benefits package determined by the Secretary of the United States Department of Health and Human Services pursuant to the federal Patient Protection and Affordable Care Act, Public Law 111-148, Section 1302.

**Sec. 2. Minimum essential benefits; Bureau of Insurance report.** The Department of Professional and Financial Regulation, Bureau of Insurance shall review and evaluate the minimum essential benefits package determined by the Secretary of the United States Department of Health and Human Services pursuant to 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, in comparison to any laws in the Maine Revised Statutes, Title 24 and Title 24A that mandate medical benefits or coverage in individual or group health insurance policies. The bureau shall determine which laws in Title 24 and Title 24A mandate medical benefits or coverage and develop proposed legislation to eliminate mandated benefits that do not conform to the minimum essential benefits package required under federal law. The bureau shall submit a report, including proposed legislation as required by this section, to the joint standing committee of the Legislature having jurisdiction over insurance and financial services matters no later than 3 months following the adoption of the minimum essential benefits package by the Secretary of the United States Department of Health and Human Services. The joint standing committee of the Legislature having jurisdiction over insurance and financial services matters may report out a bill based on the report to the First Regular Session of the 126th Legislature.

### SUMMARY

This bill prohibits carriers from offering a health plan in this State on or after January 1, 2014 that exceeds the minimum essential benefits package determined in accordance with federal law.

The bill also requires the Department of Professional and Financial Regulation, Bureau of Insurance to evaluate the minimum essential benefits package to be determined by the Secretary of the United States Department of Health and Human Services in comparison to existing mandated health insurance benefits required by state law. The bill directs the bureau to determine which mandated benefits are not included in the federal minimum essential benefits package and develop proposed legislation to eliminate those mandated benefits in state law. The bureau must submit its report within 3 months of the adoption of the minimum essential benefits package. The bill authorizes the joint standing committee of the Legislature having jurisdiction over insurance and financial services matters to report out a bill based on the report to the First Regular Session of the 126th Legislature.

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