MAINE STATE LEGISLATURE

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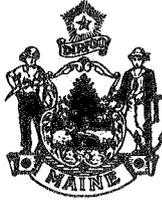
118th MAINE LEGISLATURE

FIRST REGULAR SESSION-1997

Legislative Document	No. 785
H.P. 594	House of Representatives, February 4, 1997

An Act to Require Certain Practices by Managed Care Plans.

Reference to the Committee on Banking and Insurance suggested and ordered printed.

JOSEPH W. MAYO, Clerk

Presented by Representative AHEARNE of Madawaska.

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

Sec. 1. 24 MRSA §2320-C, as enacted by PL 1995, c. 295, §1, is repealed and the following enacted in its place:

§2320-C. Coverage for mastectomy surgery

1. Reconstructive surgery. All individual and group nonprofit and medical services plan contracts and all nonprofit health care plan contracts providing coverage for mastectomy surgery must provide coverage for reconstruction of the breast on which surgery has been performed and surgery and reconstruction of the other breast to produce a symmetrical appearance if the patient elects reconstruction and in the manner chosen by the patient and the physician.

2. Hospital stay. With respect to managed care plans, all individual and group nonprofit and medical services plan contracts and all nonprofit health care plan contracts providing coverage for mastectomy surgery must provide coverage for a minimum of 48 hours of in-patient hospital care following mastectomy surgery unless the patient and the physician elect a shorter hospital stay.

Sec. 2. 24-A MRSA §2745-C, as corrected by RR 1995, c. 1, §15, is repealed and the following enacted in its place:

§2745-C. Coverage for mastectomy surgery

1. Reconstructive surgery. All individual health policies providing coverage for mastectomy surgery, except those designed to cover only specific diseases, hospital indemnity or accidental injury, must provide coverage for reconstruction of the breast on which surgery has been performed and surgery and reconstruction of the other breast to produce a symmetrical appearance if the patient elects reconstruction and in the manner chosen by the patient and the physician.

2. Hospital stay. With respect to managed care plans, all individual health policies providing coverage for mastectomy surgery, except those designed to cover only specific diseases, hospital indemnity or accidental injury, must provide coverage for a minimum of 48 hours of in-patient hospital care following mastectomy surgery unless the patient and the physician elect a shorter hospital stay.

Sec. 3. 24-A MRSA §2837-C, as corrected by RR 1995, c. 1, §17, is repealed and the following enacted in its place:

§2837-C. Coverage for mastectomy surgery

1. Reconstructive surgery. All group health policies providing coverage for mastectomy surgery, except those designed to cover only specific diseases, hospital indemnity or accidental injury, must provide coverage for reconstruction of the breast on which surgery has been performed and surgery and reconstruction of the other breast to produce a symmetrical appearance if the patient elects reconstruction and in the manner chosen by the patient and the physician.

2. Hospital stay. With respect to managed care plans, all group health policies providing coverage for mastectomy surgery, except those designed to cover only specific diseases, hospital indemnity or accidental injury, must provide coverage for a minimum of 48 hours of in-patient hospital care following mastectomy surgery unless the patient and the physician elect a shorter hospital stay.

Sec. 4. 24-A MRSA §4237, as corrected by RR 1995, c. 1, §21, is repealed and the following enacted in its place:

§4237. Coverage for mastectomy surgery

1. Reconstructive surgery. All individual or group coverage subject to this chapter that provides for mastectomy surgery must provide coverage for reconstruction of the breast on which surgery has been performed and surgery and reconstruction of the other breast to produce a symmetrical appearance if the patient elects reconstruction and in the manner chosen by the patient and the physician.

2. Hospital stay. With respect to managed care plans, all individual or group coverage subject to this chapter that provides for mastectomy surgery must provide coverage for a minimum of 48 hours of in-patient hospital care following mastectomy surgery unless the patient and the physician elect a shorter hospital stay.

Sec. 5. 24-A MRSA §4303, sub-§5 is enacted to read:

5. Prohibition on incentives to providers. A carrier offering a managed care plan may not provide a payment or other financial incentive to a participating provider for not referring enrollees in the managed care plan to a specialist and for not disclosing the seriousness of an enrollee's condition.

SUMMARY

This bill requires managed care plan policies and contracts offered by nonprofit hospital, medical or health plan services

organizations, insurers and health maintenance organizations to
2   provide in-patient hospital coverage following mastectomy surgery.

4   The bill also prohibits nonprofit hospital, medical or
health plan services organizations, insurers and health
6   maintenance organizations offering managed care plans from
providing payments or other financial incentives to participating
8   providers for not referring patients to specialists and for not
disclosing the seriousness of a patient's condition.