# MAINE STATE LEGISLATURE

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L D 1600 Date: 3/27/14 (Filing No. H-755) 2 3 INSURANCE AND FINANCIAL SERVICES 4 Reproduced and distributed under the direction of the Clerk of the House. 5 STATE OF MAINE HOUSE OF REPRESENTATIVES 6 7 126TH LEGISLATURE SECOND REGULAR SESSION 8 COMMITTEE AMENDMENT "H" to H.P. 1172, L.D. 1600, Bill, "An Act To 9 10 Require Health Insurers To Provide Coverage for Human Leukocyte Antigen Testing To Establish Bone Marrow Donor Transplantation Suitability" 11 12 Amend the bill by striking out everything after the enacting clause and before the 13 summary and inserting the following: 'Sec. 1. 24-A MRSA §4320-I is enacted to read: 14 15 §4320-I. Coverage for the cost of testing for bone marrow donation suitability 16 1. Required coverage. A carrier offering a health plan in this State shall provide 17 coverage for laboratory fees up to \$150 arising from human leukocyte antigen testing 18 performed to establish bone marrow transplantation suitability in accordance with the 19 following requirements: 20 A. The enrollee covered under the health plan must meet the criteria for testing 21 established by the National Marrow Donor Program, or its successor organization; 22 B. The testing must be performed in a facility that is accredited by a national 23 accrediting body with requirements that are substantially equivalent to or more 24 stringent than those of the College of American Pathologists and is certified under the 25 federal Clinical Laboratories Improvement Act of 1967, 42 United States Code, 26 Section 263a; 27 C. At the time of the testing, the enrollee covered under the health plan must 28 complete and sign an informed consent form that authorizes the results of the test to 29 be used for participation in the National Marrow Donor Program, or its successor 30 organization, and acknowledges a willingness to be a bone marrow donor if a suitable 31 match is found; and 32 D. The carrier may limit each enrollee to one test per lifetime. 33 2. Prohibition on cost-sharing. A carrier may not impose any deductible,

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copayment, coinsurance or other cost-sharing requirement on an enrollee for the coverage

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required under this section.

**Sec. 2. Application.** The requirements of this Act apply to all policies, contracts and certificates subject to this Act that are executed, delivered, issued for delivery, continued or renewed in this State on or after January 1, 2015. For purposes of this Act, all contracts are deemed to be renewed no later than the next yearly anniversary of the contract date.'

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### **SUMMARY**

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

FISCAL NOTE REQUIRED (See Attached)



## 126th MAINE LEGISLATURE

LD 1600

LR 2402(02)

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

Fiscal Note for Bill as Amended by Committee Amendment 'H' (H-755 Committee: Insurance and Financial Services
Fiscal Note Required: Yes

### **Fiscal Note**

Potential future biennium cost increase - General Fund

#### Fiscal Detail and Notes

Any additional costs to the State Employee Health Insurance Program are expected to be minor and can be absorbed within existing budgeted resources. The Patient Protection and Affordable Care Act (ACA) requires States to defray the cost of mandated benefits not included in the ACA's Essential Health Benefits. The Bureau of Insurance's report on LD 1600 to the Joint Standing Committee on Insurance and Financial Services estimated the cost of increased coverage due to LD 1600 to be approximately \$48,000 per year. The specifics of this required State payment under the ACA to defray the costs of this mandate (i.e., how much, what program(s) and when) cannot be determined at this time.