

MAINE STATE LEGISLATURE

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STATE OF MAINE
SENATE
108TH LEGISLATURE
FIRST REGULAR SESSION

(Filing No. S-292)

COMMITTEE AMENDMENT " B " to S.P. 341, L.D. 1125, Bill,
"AN ACT to Provide Home Health Care Coverage in all Health Care
Policies and Contracts."

Amend the Bill by striking out everything after the enacting
clause and inserting in its place the following:

'Sec. 1. 24 MRSA §2320 is enacted to read:

§2320. Home health care coverage

Every nonprofit hospital and medical service organization
which issues group and individual health care contracts providing
coverage for inpatient hospital care to residents of this State
shall make available coverage for home health services by a home
health care provider which has contracted with the nonprofit
hospital or medical service organization under terms and conditions
which the organization deems satisfactory to its membership.

The contract providing coverage for home health care services
may contain reasonable limitation on the number of home care visits
and other services provided, but the number of such visits shall
not be less than 90 in any continuous period of 12 months for each
person covered under the contract. Each visit by an individual
member of a home health care provider shall be considered as one
home care visit.

1. Home health care services. "Home health care services"
means those health care services rendered in his place of residence
on a part-time basis to a covered person only if:

A. Hospitalization or confinement in a skilled nursing

facility as defined in Title XVIII of the Social Security Act, 42 U.S.C. §1395, et seq., would otherwise have been required if home health care was not provided; and

B. The plan covering the home health services is established as prescribed in writing by a physician.

There shall be no requirement that hospitalization be an antecedent to coverage under the policy.

2. Home health care services included. Home health care services shall include:

A. Visits by a registered nurse or licensed practical nurse to carry out treatments prescribed, or supportive nursing care and observation as indicated;

B. A physician's home or office visits or both;

C. Visits by a registered physical, speech, occupational, inhalation or dietary therapist for services or for evaluation of, consultation with ^{and} instruction of nurses in carrying out such therapy prescribed by the attending physician, or both;

D. Any prescribed laboratory tests and x-ray examination using hospital or community facilities, drugs, dressings, oxygen or medical appliances and equipment as prescribed by a physician but only to the extent that such charges would have been covered under the contract if the covered person had remained in the hospital; and

E. Visits by persons who have completed a home health aide training course under the supervision of a registered nurse for the purpose of giving personal care to the patient and performing light household tasks as required by the plan of care, but not including services.

3. Home health care provider. "Homehealth care provider "
means a home health care agency which is certified under Title
XVIII of the Social Security Act of 1965, as amended, which:

- A. Is primarily engaged in and licensed or certified to
provide skilled nursing and other therapeutic services;
 - B. Has standards, policies and rules established by a
professional group, associated with the agency or organization,
which professional group must include at least one physician
and one registered nurse;
 - C. Is available to provide the care needed in the home
7 days a week andhas telephone answering service available
24 hours per day;
 - D. Has the ability to and does provide, either directly
or through contract, the services of a coordinator responsible
for case discovery and planning and assuring that the
covered person receives the services ordered by the
physician;
 - E. Has under contract the services of a physician-advisor
licensed by the State or a physician;
 - F. Conducts periodic case conferences for the purpose
of individualized patient care planning and utilization
review; and
 - G. Maintains a complete medical record on each patient.
4. Exclusions.
- A. No contract shall require home health care coverage
to persons eligible for medicare; and
 - B. No payment shall be made for services provided by a

person who resides in the covered person's residence or who is a member of the covered person's family.

Sec. 2. 24-A MRSA §2745 is enacted to read:

§2745. Home health care coverage

Every insurer which issues or issues for delivery in this State individual health policies, which provide coverage on an expense incurred basis for inpatient hospital care, shall make available such coverage for home health care services by a home health care provider.

The policy providing coverage for home health care services may contain reasonable limitation on the number of home care visits and other services provided, but the number of such visits shall not be less than 90 in any continuous period of 12 months for each person covered under the policy. Each visit by an individual member of a home health care provider shall be considered as one home care visit.

1. Definition of home health care services. "Home health care services" means those health care services rendered in his place of residence on a part-time basis to a covered person only if:

A. Hospitalization or confinement in a skilled nursing facility as defined in Title XVIII of the Social Security Act, 42 U.S.C. §1395, et seq., would otherwise have been

required if home health care was not provided; and

B. The plan covering the home health services is established as prescribed in writing by a physician.

There shall be no requirement that hospitalization be an antecedent to coverage under the policy.

Home health care services included.

2. /Home health care services shall include:

A. Visits by a registered nurse or licensed practical nurse to carry out treatments prescribed, or supportive nursing care and observation as indicated;

B. A physician's home or office visits or both;

C. Visits by a registered physical, speech, occupational, inhalation or dietary therapist for services or for evaluation of, consultation with ^{and} / instruction of nurses in carrying out such therapy prescribed by the attending physician, or both;

D. Any prescribed laboratory tests and x-ray examination using hospital or community facilities, drugs, dressings, oxygen or medical appliances and equipment as prescribed by a physician, but only to the extent that such charges would have been covered under the contract if the covered person had remained in the hospital; and

E. Visits by persons who have completed a home health aide training course under the supervision of a registered nurse for the purpose of giving personal care to the patient and performing light household tasks as required by the plan of care, but not including services.

3. Home health care provider. "Home health care provider"
means a home health care agency which is certified under Title
XVIII of the Social Security Act of 1965, as amended, which:

A. Is primarily engaged in and licensed or certified to
provide skilled nursing and other therapeutic services;

B. Has standards, policies and rules established by a
professional group, associated with the agency or organization,
which professional group must include at least one physician
and one registered nurse;

C. Is available to provide the care needed in the home
7 days a week and has telephone answering service available
24 hours per day;

D. Has the ability to and does provide, either directly
or through contract, the services of a coordinator
responsible for case discovery and planning and assuring that
the covered person receives the services ordered by the
physician;

E. Has under contract the services of a physician-advisor
licensed by the State or a physician;

F. Conducts periodic case conferences for the purpose
of individualized patient care planning and utilization
review; and

G. Maintains a complete medical record on each patient.

4. Exclusions.

A. No policy shall require home health care coverage to
persons ~~←~~ eligible for medicare; and

B. No payment shall be made for services provided by

< a person who resides in the covered person's residence or who is a member of the covered person's family.

Sec. 3. 24-A MRSA §2837 is enacted to read:

§2837. Home health care coverage

Every insurer which issues or issues for delivery in this State individual health policies, which provide coverage on an expense incurred basis for inpatient hospital care, shall make available such coverage for home health care services by a home health care provider.

The policy providing coverage for home health care services may contain reasonable limitation on the number of home care visits and other services provided, but the number of such visits shall not be less than 90 in any continuous period of 12 months for each person covered under the policy. Each visit by an individual member of a home health care provider shall be considered as one home care visit.

1. Home health care services. "Home health care services" means those health care services rendered in his place of residence on a part-time basis to a covered person only if:

A. Hospitalization or confinement in a skilled nursing facility as defined in Title XVIII of the Social Security Act, 42 U.S.C. §1395, et seq., would otherwise have been required if home health care was not provided; and

B. The plan covering the home health services is established as prescribed in writing by a physician.

There shall be no requirement that hospitalization be an antecedent to coverage under the policy.

2. Home health care included. "Home health care services" shall include:

A. Visits by a registered nurse or licensed practical nurse to carry out treatments prescribed, or supportive nursing care and observation as indicated;

B. A physician's home or office visits or both;

C. Visits by a registered physical, speech, occupational, inhalation or dietary therapist for services or for evaluation of, consultation with ^{and} / instruction of nurses in carrying out such therapy prescribed by the attending physician, or both;

D. Any prescribed laboratory tests and x-ray examination using hospital or community facilities, drugs, dressings, oxygen or medical appliances and equipment as prescribed by a physician, but only to the extent that such charges would have been covered under the contract if the covered person had remained in the hospital; and

E. Visits by persons who have completed a home health aide training course under the supervision of a registered nurse for the purpose of giving personal care to the patient and performing light household tasks as required by the plan of care, but not including services.

3. Home health care provider. "Home health care provider"
means a home health care agency which is certified under Title
XVIII of the Social Security Act of 1965, as amended, which:

- A. Is primarily engaged in and licensed or certified to
provide skilled nursing and other therapeutic services;
- B. Has standards, policies and rules established by a
professional group, associated with the agency or organization,
which professional group must include at least one physician and
one registered nurse;
- C. Is available to provide the care needed in the home
7 days a week and has telephone answering service available
24 hours per day;
- D. Has the ability to and does provide, either directly
or through contract, the services of a coordinator responsible
for case discovery and planning and assuring that the covered
person receives the services ordered by the physician;
- E. Has under contract the services of a physician-advisor
licensed by the State or a physician;
- F. Conducts periodic case conferences for the purpose
of individualized patient care planning and utilization
review; and
- G. Maintains a complete medical record on each patient.

4. Exclusions.

- A. No policy shall require home health care coverage to
persons ←-----→ eligible for medicare; and
- B. No payment shall be made for services provided by
a person who resides in the covered persons' residence
or who is a member of the covered person's family.

Sec. 4. Effective date. The requirements of this Act shall apply to all subscriber contracts delivered or issued for delivery in this State more than 120 days after the effective date of this Act.'

Statement of Fact

This amendment provides clarification of the services to be covered by the policy of insurance. In addition, it provides standards to be met by providers of home health care services. The amendment adds 2 exclusions, one from coverage, medicare eligibles, and one from payment, family members or residents of the household of the insured. The amendment makes clear that the costs of the medical care provided will be reimbursed only if the home care is in lieu of hospitalization and is prescribed by a physician. The amendment also provides that "insurers" must offer the coverage, but the acceptance of coverage is optional with the insured individual or group.

Reported by the Committee on Business Legislation.

Reproduced and distributed pursuant to Senate Rule 11-A.

June 20, 1977

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