

FIRST REGULAR SESSION

ONE HUNDRED AND THIRTEENTH LEGISLATURE

Legislative Document

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NO. 1135

H.P. 844 Reference to the Committee on Banking and Insurance suggested and ordered printed.

EDWIN H. PERT, Clerk Presented by Representative LAPOINTE of Auburn. Cosponsored by Senator BUSTIN of Kennebec and Representative HARPER of Lincoln.

STATE OF MAINE

IN THE YEAR OF OUR LORD NINETEEN HUNDRED AND EIGHTY-SEVEN

AN ACT Requiring that Certain Health Insurance Plans Provide for Cardiac Rehabilitation Expenses.

5 Be it enacted by the People of the State of Maine as 6 follows:

Sec. 1. 24 MRSA §2333-A is enacted to read:

8 §2333-A. Cardiac rehabilitation coverage

9 1. Requirement. Every insurer which issues individual health care contracts providing coverage for hospital care to residents of this State shall provide benefits, as required in this section, to any subscriber or other person covered under those contracts for the expense of cardiac rehabilitation.

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2. Cardiac rehabilitation. "Cardiac rehabilitation" means multidisciplinary, medically necessary treatment of persons with documented cardiovascular disease, which shall be provided in either a hospital or other setting and which shall meet standards promulgated by the Commissioner of Human Services. Such standards shall include, but not be limited to, out-patient treatment which is to be initiated within 26 weeks after the diagnosis of that disease and physician-recommended continuance of rehabilitation services for up to 12 months.

3. Limits; coinsurance; deductibles. Any policy or contract which provides coverage for the services required by this section may contain provisions for maximum benefits and coinsurance and reasonable limitations, deductibles and exclusions to the extent that these provisions are not inconsistent with the requirements of this section.

4. Reports to the Superintendent of Insurance. Every insurer subject to this section shall report its experience for each calendar year beginning with 1988 to the superintendent not later than April 30th of the following year. The report shall be in a form prescribed by the superintendent and shall include the amount of claims paid in this State for the services required by this section and the total amount of claims paid in this State for individual health care contracts, both separated between those paid for in-patient, day treatment and out-patient services. The superintendent shall compile this data for all insurers in an annual report.

32 <u>5. Application; expiration. The requirements of</u> 33 this section shall apply to all policies executed, 34 delivered, issued for delivery or renewed in this 35 State on or after January 1, 1988. For purposes of 36 this section only, all contracts shall be deemed to 37 be renewed no later than the next yearly anniversary 38 of the contract date.

39 Sec. 2. 24-A MRSA §2845 is enacted to read:

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§2845. Cardiac rehabilitation coverage

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1. Requirement. Every insurer which issues group health care contracts providing coverage for hospital care to residents of this State shall provide benefits, as required in this section, to any subscriber or other person covered under those contracts for the expense of cardiac rehabilitation.

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36 37 2. Cardiac rehabilitation. "Cardiac rehabilitation" means multidisciplinary, medically necessary treatment of persons with documented cardiovascular disease, which shall be provided in either a hospital or other setting and which shall meet standards promulgated by the Commissioner of Human Services. Such standards shall include, but not be limited to, out-patient treatment which is to be initiated within 26 weeks after the diagnosis of that disease and physician-recommended continuance of rehabilitation services for up to 12 months.

3. Limits; coinsurance; deductibles. Any policy or contract which provides coverage for the services required by this section may contain provisions for maximum benefits and coinsurance and reasonable limitations, deductibles and exclusions to the extent that these provisions are hot inconsistent with the requirements of this section.

Reports to the Superintendent of Insurance. 4. Every insurer subject to this section shall report experience for each calendar year beginning with its 1988 to the superintendent not later than April 30th of the following year. The report shall be in a form prescribed by the superintendent and shall include the amount of claims paid in this State for the services required by this section and the total amount of claims paid in this State for individual group health care contracts, both separated between those paid for in-patient, day treatment and out-patient services. The superintendent shall compile this data for all insurers in an annual report.

38 5. Application; expiration. The requirements of this section shall apply to all policies executed, 39 40 delivered, issued for delivery or renewed in this 41 State on or after January 1, 1988. For purposes of this section only, all contracts shall be deemed 42 to 43 be renewed no later than the next yearly anniversary 44 of the contract date.

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This bill provides insurance benefits which cover cardiac rehabilitation.

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