

MAINE STATE LEGISLATURE

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L.D. 2297

(Filing No. S-645)

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STATE OF MAINE
SENATE
114TH LEGISLATURE
SECOND REGULAR SESSION

COMMITTEE AMENDMENT "A" to S.P. 903, L.D. 2297, Bill, "An Act to Help Reduce the Incidence of Breast Cancer Mortality in the State"

Amend the bill by striking out all of the title and inserting in its place the following:

'An Act to Help Reduce the Incidence of Breast Cancer Mortality in the State and to Revise the Laws Relating to the Mandated Benefits Advisory Commission'

Further amend the bill by striking everything after the enacting clause and before the statement of fact and inserting in its place the following:

'Sec. 1. 22 MRSA §395-A, sub-§4 is enacted to read:

4. Information on mandated services. The commission is authorized and directed to require hospital and nonhospital providers of mammography services to furnish information with respect to those services, for the purpose of assisting in the evaluation of the social and financial impact, and the efficacy of the mandated benefit for screening mammograms under Title 24, section 2320-A and Title 24-A, sections 2745-A and 2837-A. The information that may be collected includes the location of mammography units, purchase of new mammography units, the number of screening and diagnostic mammograms performed, the charge per mammogram and the method and amount of payment, and the number of cancers detected by screening mammograms. By February 1, 1991, the commission shall, in cooperation with the Department of Human Services, Bureau of Health, determine the information to be collected.

Sec. 2. 24 MRSA §2320-A is enacted to read:

§2320-A. Screening mammograms

1. Definition. For purposes of this section, "screening mammogram" means a radiologic procedure that is provided to an

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2 asymptomatic woman for the purpose of early detection of breast
3 cancer and that consists of 2 radiographic views per breast.

4 2. Required coverage. All individual and group nonprofit
5 medical services plan contracts and all nonprofit health care
6 plan contracts must provide coverage for screening mammograms
7 performed by providers that meet the standards established by the
8 Department of Human Services' rules relating to radiation
9 protection. The policies must reimburse for screening mammograms
10 performed:

12 A. At least once every 2 years for women between the ages
13 of 40 and 49; and

14 B. At least once a year for women age 50 and over.

16 3. Application. This section applies to all contracts and
17 certificates executed, delivered, issued for delivery, continued
18 or renewed in this State on or after March 1, 1991. For purposes
19 of this section, all contracts are deemed to be renewed no later
20 than the next yearly anniversary of the contract date.

22 4. Reports. Each nonprofit hospital and medical care
23 service organization subject to this section shall report to the
24 superintendent its experience for each calendar year beginning
25 with 1991 not later than April 30th of the following calendar
26 year. The report must include the information required and be
27 presented in the form prescribed by the superintendent. The
28 report must include the amount of claims paid in this State for
29 services required by this section. The superintendent shall
30 compile this data in an annual report and submit the report to
31 the Mandated Benefits Advisory Commission established by Title 5,
32 section 12004-I, subsection 50.

34 **Sec. 3. 24-A MRS §2745-A is enacted to read:**

36 **§2745-A. Screening mammograms**

38 1. Definition. For purposes of this section, "screening
39 mammogram" means a radiologic procedure that is provided to an
40 asymptomatic woman for the purpose of early detection of breast
41 cancer and that consists of 2 radiographic views per breast.

44 2. Required coverage. All individual insurance policies,
45 except those designed to cover specific diseases, hospital
46 indemnity or accidental injury only, must provide coverage for
47 screening mammograms performed by providers that meet the
48 standards established by the Department of Human Services' rules
49 relating to radiation protection. The policies must reimburse
50 for screening mammograms performed:

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2 A. At least once every 2 years for women between the ages
4 of 40 and 49; and

6 B. At least once a year for women age 50 and over.

8 3. Application. This section applies to all policies,
10 contracts and certificates executed, delivered, issued for
12 delivery, continued or renewed in this State on or after March 1,
14 1991. For purposes of this section, all policies and contracts
16 are deemed to be renewed no later than the next yearly
18 anniversary of the policy or contract date.

20 4. Reports. Each insurer that issues policies subject to
22 this section shall report to the superintendent its experience
24 for each calendar year beginning with 1991 not later than April
26 30th of the following calendar year. The report must include the
28 information required and be presented in the form prescribed by
30 the superintendent. The report must include the amount of claims
32 paid in this State for services required by this section. The
34 superintendent shall compile this data in an annual report and
36 submit the report to the Mandated Benefits Advisory Commission,
38 established by Title 5, section 12004-I, subsection 50.

40 **Sec. 4. 24-A MRSA §2751, sub-§1, as enacted by PL 1989, c.**
42 **556, Pt. A, §5, is amended by amending the first paragraph to**
44 **read:**

46 **1. Proposed mandatory health insurance benefits; impact**
48 **assessment study. Whenever a legislative measure containing a**
50 **mandated health benefit is proposed, the joint standing committee**
52 **having jurisdiction over the proposal shall request that the**
54 **Mandated Benefits Advisory Commission, established by Title 5,**
56 **section 12004-I, subsection 50, prepare and forward to the**
58 **Governor and the Legislature, by a certain date, a study that**
60 **assesses the social and financial effects and the medical**
62 **efficacy of the proposed mandated benefit and a recommendation**
64 **for legislative action on the proposal, based on the study. The**
66 **study may be conducted by the commission or pursuant to a**
68 **contract with the commission and shall analyze information**
70 **collected from a state data collection system, proponents of the**
72 **new mandate, the Bureau of Insurance, health planning**
74 **organizations and other appropriate data sources. For purposes**
76 **of this section, a mandated health benefit proposal is one that**
78 **mandates health insurance coverage for specific health services,**
80 **specific diseases or for certain providers of health care**
82 **services as part of individual or group health insurance**
84 **policies. A mandated option is not a mandated benefit for**
86 **purposes of this section.**

88 **Sec. 5. 24-A MRSA §2751, sub-§2, as enacted by PL 1989, c.**
90 **556, Pt. A, §5, is amended to read:**

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2 2. Studies of existing mandated benefits. The--joint
 2 standing--committee--of--the--Legislature--having--jurisdiction--over
 insurance--matters--shall--request--that--the--Mandated--Benefits
 4 Advisory Commission assess the social and financial effects and
the medical efficacy of existing mandated benefits laws. The
 6 committee shall submit a schedule of assessments to the
commission by February 1, 1990, setting forth the dates by which
 8 particular laws shall be assessed by the commission. The
Mandated Benefits Advisory Commission shall assess mandated
 10 benefits existing in law as of March 1, 1990 and shall report its
findings and recommendations to the Governor and the joint
 12 standing committee of the Legislature having jurisdiction over
insurance by June 1, 1991. The assessments shall must include
 14 information relative to the same issues as for an assessment of
 proposed mandates, except that the data to be included shall must
 16 be existing data on the actual effects of the mandate, rather
 than predictions of likely effects of the mandate. The report
 18 for each benefit must include an analysis of the social impact,
financial impact and medical efficacy of each benefit relative to
 20 all other mandated benefits and a recommendation as to the
relative desirability of this mandate compared to the other
 22 mandates.

24 Sec. 6. 24-A MRSA §2837-A is enacted to read:

26 §2837-A. Screening mammograms

28 1. Definition. For purposes of this section, "screening
 28 mammogram" means a radiologic procedure that is provided to an
 30 asymptomatic woman for the purpose of early detection of breast
cancer and that consists of 2 radiographic views per breast.

32 2. Required coverage. All group insurance policies must
 34 provide coverage for screening mammograms performed by providers
that meet the standards established by the Department of Human
 36 Services relating to radiation protection. The policies must
reimburse for screening mammograms performed:

38 A. At least once every 2 years for women between the ages
 40 of 40 and 49; and

42 B. At least once a year for women age 50 and over.

44 3. Application. This section applies to all policies,
 44 contracts and certificates executed, delivered, issued for
 46 delivery, continued or renewed in this State on or after March 1,
 48 1991. For purposes of this section, all policies and contracts
are deemed to be renewed no later than the next yearly
anniversary of the policy or contract date.

50 4. Reports. Each insurer that issues policies subject to
 52 this section shall report to the superintendent its experience
for each calendar year beginning with 1991 not later than April

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30th of the following calendar year. The report must include the information required and be presented in the form prescribed by the superintendent. The report must include the amount of claims paid in this State for services required by this section. The superintendent shall compile this data in an annual report and submit the report to the Mandated Benefits Advisory Commission established in Title 5, section 12004-I, subsection 50.

Sec. 7. Rules. The Superintendent of Insurance shall adopt rules, by February 1, 1991, requiring insurers and nonprofit service organizations to file information on the number of claims made for services required by this Act, the amount paid for those claims, and other information as the superintendent may by rule determine to be appropriate to assist in the future evaluation of the social and financial impact and the efficacy of the mandated benefit.

Sec. 8. Allocation. The following funds are allocated from Other Special Revenue funds to carry out the purposes of this Act.

1990-91

**PROFESSIONAL AND FINANCIAL REGULATION,
DEPARTMENT OF**

Bureau of Insurance

All Other \$20,000

Provides additional funds to allow the Mandated Benefits Advisory Commission to contract for assistance to complete the studies of existing mandated benefits by June 1, 1991.

FISCAL NOTE

1990-91

Allocations:

Other Special Revenue funds \$20,000

Revenue:

Other Special Revenue funds \$20,000

The Bureau of Insurance will require an additional allocation of \$20,000 in Fiscal Year 1990-91 to contract for additional consulting services to assist the Mandated Benefit

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2 Advisory Commission with the completion of the studies of
existing mandated benefits by June 1, 1991. The additional cost
4 will be offset by an increase of dedicated revenue to the Bureau
of Insurance through the annual assessment.

6 The mandated coverage of screening mammograms will increase
the State's health insurance premium costs by approximately
8 \$260,000 annually beginning in fiscal year 1991-92. The General
Fund share of these costs will be approximately \$147,150. The
10 Highway Fund share will be approximately \$37,450.

12 The Maine Health Care Finance Commission will incur some
additional costs in collecting information on mammography
14 services from service providers. These costs can be absorbed
within the commission's existing budgeted resources.'

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STATEMENT OF FACT

20 The amendment provides for mandated coverage of screening
mammograms, under the guidelines contained in the bill. The
22 mandate would be effective for policies issued or renewed on or
after March 1, 1991. The amendment defines "screening mammogram"
24 and requires mammography programs and providers to meet
Department of Human Services' rules relating to radiology
26 providers in order to permit reimbursement.

28 The amendment also authorizes the Maine Health Care Finance
Commission to collect information from providers of mammography
30 services, and authorizes and directs the Bureau of Insurance to
collect information from insurers and nonprofit service
32 organizations.

34 The amendment provides for the Mandated Benefits Advisory
Commission to report to the legislature and the Governor by June
36 1, 1991 on the relative merits of each of the mandated benefits
that are effective as of March 1, 1990.

38

Reported by Senator Collins for the Committee on Banking
and Insurance. Reproduced and Distributed Pursuant to Senate
Rule 12.

(4/5/90)

(Filing No. S-645)