MAINE STATE LEGISLATURE

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(Filing No. H- 166)

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STATE OF MAINE HOUSE OF REPRESENTATIVES 115TH LEGISLATURE FIRST REGULAR SESSION

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COMMITTEE AMENDMENT "A" to H.P. 452, L.D. 642, Bill, "An Act to Clarify the Laws Relating to Insurance Coverage for Mammograms"

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

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- 'Sec. 1. 24-A MRSA §2745-A, sub-§§2 and 3, as enacted by PL 1989, c. 875, Pt. I, §3, are amended to read:
- 2. Required coverage. All individual insurance policies that cover radiologic procedures, except those designed to cover only specific diseases, hespital-indemnity-or accidental injury enly or dental procedures, must provide coverage for screening mammograms performed by providers that meet the standards established by the Department of Human Services' rules relating to radiation protection. The policies must reimburse for screening mammograms performed:

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- A. At least once every 2 years for women between the ages of 40 and 49; and
- 36 B. At least once a year for women age 50 and over.
- 38. Application. This section applies to all policies, contracts and certificates that cover radiologic procedures,
 40 except those policies that cover only dental procedures, accidental injury or specific diseases, executed, delivered,
 42 issued for delivery, continued or renewed in this State on or after March 1, 1991. For purposes of this section, all policies
 44 and contracts are deemed to be renewed no later than the next yearly anniversary of the policy or contract date.

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COMMITTEE AMENDMENT "A" to H.P. 452, L.D. 642

	Sec.	2.	24-A	MRSA	§2837-A, sub-§§2 and 3, as enacted	by PI
2	1989, c.	875	, Pt.	I, §6,	are amended to read:	

- 2. Required coverage. All group insurance policies that cover radiologic procedures, except those policies that cover only dental procedures, accidental injury or specific diseases, must provide coverage for screening mammograms performed by providers that meet the standards established by the Department of Human Services relating to radiation protection. The policies must reimburse for screening mammograms performed:
- 12 A. At least once every 2 years for women between the ages of 40 and 49; and
- B. At least once a year for women age 50 and over.
- 3. Application. This section applies to all policies,
 contracts and certificates that cover radiologic procedures,
 except those policies that cover only dental procedures,
 accidental injury or specific diseases, executed, delivered,
 issued for delivery, continued or renewed in this State on or
 after March 1, 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.'

26 STATEMENT OF FACT

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This amendment restores the exemption for specific disease and accidental injury policies that the bill deleted from the mammography mandate.

Reported by the Committee on Banking and Insurance Reproduced and distributed under the direction of the Clerk of the House (4/23/91) (Filing No. H-166)