MAINE STATE LEGISLATURE

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_	L.D. 2117
2	(Filing No. H-941)
4	(1111ng no. n=341)
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8	STATE OF MAINE HOUSE OF REPRESENTATIVES 115TH LEGISLATURE
10	SECOND REGULAR SESSION
12	COMMITTEE AMENDMENT " A " to H.P. 1504, L.D. 2117, Bill, "An
14	Act to Repeal the Laws Creating the Mandated Benefits Advisory Commission"
16	Amend the bill by striking out the title and substituting
1,8	the following:
20	'An Act Regarding Review and Evaluation of Proposed Mandated Health Legislation'
22	
24	Further amend the bill by striking out all of section 8 and inserting in its place the following:
26	'Sec. 8. 24-A MRSA §2752 is enacted to read:
28	§2752. Mandated health legislation procedures
30	1. Mandated health benefits proposals. For purposes of
32	this section, a mandated health benefit proposal is one that mandates health insurance coverage for specific health services,
34	specific diseases or certain providers of health care services as part of individual or group health insurance policies. A
36	mandated option is not a mandated benefit for purposes of this section.
38	2. Procedures before legislative committees. Whenever a
40	legislative measure containing a mandated health benefit is proposed, the joint standing committee of the Legislature having
42	jurisdiction over the proposal shall hold a public hearing and determine the level of support for the proposal among the members
4.4	of the committee. If there is substantial support for the
44	<u>proposed mandate among members of the committee, the committee</u> <u>may refer the proposal to the Bureau of Insurance for review and</u>
46	evaluation pursuant to subsection 3. A proposed mandate may not be enacted into law unless review and evaluation pursuant to
4.8	subsection 3 has been completed.

COMMITTEE AMENDMENT "A" to H.P. 1504, L.D. 2117

	3. Review and evaluation. Upon referral of a mandated
2	health benefit proposal from the joint standing committee of the
	Legislature having jurisdiction over the proposal, the Bureau of
4	Insurance shall conduct a review and evaluation of the mandated
	health benefit proposal and shall report to the committee in a
6	timely manner. The report must include, at the minimum and to
_	the extent that information is available, the following:
8	
-	A. The social impact of mandating the benefit, including:
10	The state of the s
	(1) The extent to which the treatment or service is
12	utilized by a significant portion of the population;
	derified by a bignificant polition of the population,
14	(2) The extent to which the treatment or service is
T.Z.	available to the population;
16	available to the population,
10	(3) The extent to which insurance coverage for this
18	treatment or service is already available;
10	creatment or service is arready available;
20	(4) If coverage is not generally available, the extent
. 20	to which the lack of coverage results in persons being
22	·
22	unable to obtain necessary health care treatment;
2.4	(F) TE the second is not reconsile and its the
24	(5) If the coverage is not generally available, the
2.6	extent to which the lack of coverage results in
26	unreasonable financial hardship on those persons
2.0	needing treatment;
28	(C) m lovel of while a weak was the lovel of demond
	(6) The level of public demand and the level of demand
30	from providers for the treatment or service;
	(T) m 7 7 6 17 7 7 7 1 7 7 7 7 7 7 7 7 7 7 7
32	(7) The level of public demand and the level of demand
	from the providers for individual or group insurance
34	coverage of the treatment or service;
36	(8) The level of interest of collective bargaining
	organizations in negotiating privately for inclusion of
38	this coverage in group contracts;
40	(9) The likelihood of achieving the objectives of
	meeting a consumer need as evidenced by the experience
42	of other states;
44	(10) The relevant findings of the state health
	planning agency or the appropriate health system agency
46	relating to the social impact of the mandated benefit;
48	(11) The alternatives to meeting the identified need:

COMMITTEE AMENDMENT "H" to H.P. 1504, L.D. 2117

	(12) Whether the benefit is a medical of a broader
2	social need and whether it is consistent with the role
•	of health insurance;
4	
	(13) The impact of any social stigma attached to the
6	benefit upon the market;
8	(14) The impact of this benefit on the availability of
Ü	other benefits currently being offered; and
10	other benefits currenctly being offered; and
	(15) The impact of the benefit as it relates to
12	employers shifting to self-insured plans;
	23200100
14 <u>B.</u>	The financial impact of mandating the benefit, including:
16	(1) The extent to which the proposed insurance
	coverage would increase or decrease the cost of the
18	treatment or service over the next 5 years;
20	(2) The extent to which the proposed coverage might
	increase the appropriate or inappropriate use of the
22	treatment or service over the next 5 years;
	• • • • • • • • • • • • • • • • • • •
24	(3) The extent to which the mandated treatment or
	service might serve as an alternative for more
26	expensive or less expensive treatment or service;
	`
28	(4) The methods that will be instituted to manage the
	utilization and costs of the proposed mandate;
30	
	(5) The extent to which the insurance coverage may
32	affect the number and types of providers of the
	mandated treatment or service over the next 5 years;
34	
	(6) The extent to which insurance coverage of the
36	health care service or provider may be reasonably
	expected to increase or decrease the insurance premium
38	and administrative expenses of policyholders;
4.0	(7) m
40	(7) The impact of indirect costs, which are costs
42	other than premiums and administrative costs, on the
42	question of the costs and benefits of coverage;
44	(0) The impost of this sources on the total sect of
44	(8) The impact of this coverage on the total cost of health care; and
46	meaten care; and
40	(9) The effects on the cost of health care to
48	employers and employees, including the financial impact
	on small employers, medium-sized employers and large
50	employers:

Page 3-LR3520(2)

COMMITTEE AMENDMENT "H" to H.P. 1504, L.D. 2117

2	C. The medical efficacy of mandating the benefit, including:
4	(1) The contribution of the benefit to the quality of
	patient care and the health status of the population,
6	including the results of any research demonstrating the
	medical efficacy of the treatment or service compared
8	to alternatives or not providing the treatment or
	service; and
10	
10	(2) If the legislation and to be a let up and the second of the second o
	(2) If the legislation seeks to mandate coverage of an
12	additional class of practitioners:
•	
14	(a) The results of any professionally acceptable
	research demonstrating the medical results
16	achieved by the additional class of practitioners
10	
	relative to those already covered; and
18	
	(b) The methods of the appropriate professional
20	organization that assure clinical proficiency; and
,	
22	D. The effects of balancing the social, economic and
44	
	medical efficacy considerations, including:
24	
	(1) The extent to which the need for coverage
26	outweighs the costs of mandating the benefit for all
	policyholders; and
20	Portcynorders; and
28	
	(2) The extent to which the problem of coverage may be
30	solved by mandating the availability of the coverage as
	an option for policyholders.'
32	
-	Further amend the bill by inserting at the end before the
2.4	
34	statement of fact the following:
36	FISCAL NOTE
38	The elimination of the Mandated Benefits Advisory Commission
	and the requirement that the Bureau of Insurance now evaluate
40	
40	proposed health insurance mandates will result in a minimal
	reduction in photocopy and mailing expenses to the bureau, but
42	will increase its administrative workload. Any additional costs
	above savings can be absorbed within existing resources of the
44	bureau.'
44	- Bureau.
46	
	STATEMENT OF FACT
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-	This amendment allows the joint standing committee having
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50	jurisdiction over mandated health benefits to refer proposed

COMMITTEE AMENDMENT " to H.P. 1504, L.D. 2117

mandates to the Bureau of Insurance for review and evaluation if
there is substantial support for the proposal among members of
the committee. The amendment requires review and evaluation of
these proposals prior to enactment into law. The amendment also
adds a fiscal note to the bill.

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Page 5-LR3520(2)