MAINE STATE LEGISLATURE

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115th MAINE LEGISLATURE

SECOND REGULAR SESSION-1992

Legislative Document

No. 2129

H.P. 1517

House of Representatives, January 9, 1992

Approved for introduction by a majority of the Legislative Council pursuant to Joint Rule 26. Reference to the Committee on Banking and Insurance suggested and ordered printed.

EDWIN H. PERT, Clerk

Presented by Representative RYDELL of Brunswick.
Cosponsored by Senator CLARK of Cumberland, Representative FOSS of Yarmouth and Senator CAHILL of Sagadahoc.

STATE OF MAINE

IN THE YEAR OF OUR LORD NINETEEN HUNDRED AND NINETY-TWO

An Act to Amend the Maine Insurance Code.



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

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	8-A. Point-of-service option. "Point-of-service option"
6	means a health plan that allows employees to select either the
	comprehensive health care benefits of a health maintenance
8	organization or care from a provider of choice outside the health
	maintenance organization network with traditional indemnity
10	benefits.

Sec. 1. 24-A MRSA §4202. sub-§8-A is enacted to read:

Sec. 2. 24-A MRSA §4224, as enacted by PL 1975, c. 503, is repealed and the following enacted in its place:

§4224. Confidentiality of medical information and limitation of liability

- 1. Data; confidential. Any data or information pertaining to the diagnosis, treatment or health of any enrollee or applicant obtained from that person or from any provider by any health maintenance organization must be held in confidence and may not be disclosed to any person except to the extent that it may be necessary to carry out the purposes of this chapter; or upon the express consent of the enrollee or applicant; or pursuant to statute or court order for the production of evidence or the discovery of evidence; or in the event of claim or litigation between the person and the health maintenance organization when the data or information is pertinent. A health maintenance organization is entitled to claim any statutory privileges against disclosure that the provider who furnished the information to the health maintenance organization is entitled to claim.
- 34 Limited liability. A person who, in good faith and without malice, takes any action or makes any decision or 36 recommendation as a member, agent or employee of a health care review committee or who furnishes any records, information or assistance to such a committee is not subject to liability for 38 civil damages or any legal action in consequence of such action, 40 nor is the health maintenance organization that established that committee or the officers, directors, employees or agents of that 42 health maintenance organization liable for the activities of that person. This section is not construed to relieve any person of liability arising from treatment of a patient. 44
- A. The information considered by a health care review committee and the records of its actions and proceedings are confidential and not subject to subpoena or order to produce except in proceedings before the appropriate state licensing or certifying agency or in an appeal, if permitted, from the

	findings or recommendations of the committee. A member of
2	health care review committee, an officer, director or othe
4	<pre>member of a health maintenance organization or its staf engaged in assisting the committee or any person assisting</pre>
	or furnishing information to the committee may not b
6	subpoenaed to testify in any judicial or quasi-judicia
8	proceeding if the subpoena is based solely on the activities
	B. Information considered by a health care review committee
10	and the records and proceedings of that committee use
12	<pre>pursuant to paragraph A by a state licensing or certifying agency or in an appeal must be kept confidential and are</pre>
	subject to the same provision concerning discovery and use
14	in legal actions as are the original information and record
16	in the possession and control of the health care review
Τ0	committee.
18	3. Access to records. To fulfill the obligations of the
2.0	health maintenance organizations under section 4204, subsection
20	2-A, paragraph B, subparagraphs (4) to (9), the health maintenance organization must have access to treatment records
22	and other information pertaining to the diagnosis, treatment and
	health status of any enrollee.
24	Sec. 3. 24-A MRSA §4227, as enacted by PL 1985, c. 704, §8,
26	is amended to read:
28	§4227. Choice of alternative coverage
30	Any employer of more than 25 <u>90</u> employees who offers a
32	health maintenance organization, as defined in section 4202, shall also offer its employees, at the time of offering and
3 4	renewal of the health maintenance organization, the option of
34	selecting alternative health benefits coverage which that does
3.6	not restrict the ability of the covered person to obtain health
36	care services from the provider of their choice.
8 8	Any employer subject to this section shall contribute to the
	alternative health benefits coverage to the same extent as it
10	contributes to the health maintenance organization.
12	No $\underline{\mathtt{An}}$ employer may $\underline{\mathtt{not}}$ be required to pay more for health
	benefits as a result of the application of this section than
14	would otherwise be paid.
16	An employer may satisfy the requirements of this section by
	offering a point-of-service option.

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This bill expands the range of affordable health care coverage options available to employers and employees in the State and promotes effective peer review for health maintenance organizations.

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This bill allows a health maintenance organization to institute a point-of-service option allowing the consumer to choose either the comprehensive benefits of a health maintenance organization or care from a provider of choice with traditional indemnity benefits.

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This bill also allows employers to obtain more reasonable rates for health insurance coverage by raising the threshold of the dual choice requirement from 25 employees to 90 employees.

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The bill, which is based on the Health Maintenance Organization Model Act, ensures high quality care provided by health maintenance organizations by promoting participation of physicians in conducting peer review. Specifically, the bill extends to peer review organizations of physicians providing care in health maintenance organizations the same confidentiality and protection from discovery currently applicable to peer review organizations in other settings including hospitals and other health care facilities.