

MAINE STATE LEGISLATURE

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116th MAINE LEGISLATURE

FIRST REGULAR SESSION-1993

Legislative Document

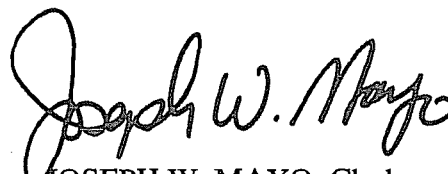
No. 875

H.P. 644

House of Representatives, March 12, 1993

An Act to Improve Access of Injured Workers to Medical Care.

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


JOSEPH W. MAYO, Clerk

Presented by Representative ST. ONGE of Greene.

Cosponsored by Representatives: AIKMAN of Poland, RUHLIN of Brewer, Senator: CONLEY of Cumberland.

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

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4 **Sec. 1. 39-A MRSA §208, sub-§2, ¶¶A, C and F**, as enacted by PL 1991, c. 885, Pt. A, §8 and affected by §§9 to 11, are amended to read:

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8 A. Except for claims for medical benefits only, within 5 10 business days from the completion of a medical examination or within 5 10 business days from the date notice of injury is given to the employer, whichever is later, the health care provider treating the employee shall forward to the employer and the employee a diagnostic medical report, on forms prescribed by the board, for the injury for which compensation is being claimed. The report must include the employee's work capacity, likely duration of incapacity, return to work suitability and treatment required. The board may assess penalties up to \$500 per violation on health care providers who fail to comply with the 5-day 10-day requirement of this subsection.

20 C. A health care provider shall submit to the employer and the employee a final report of treatment within 5 10 working days of the termination of treatment, except that only an initial report must be submitted if the provider treated the employee on a single occasion.

26 F. An insurer or self-insurer may withhold payment of fees for the submission of any required reports of treatment to any provider who fails to submit the reports on the forms prescribed by the board and within the time limits provided. The insurer or self-insurer is not required to file a notice of controversy under these circumstances, but must notify the provider that payment is being withheld due to the failure to use prescribed forms or to submit the reports in a timely fashion. In the case of dispute, any interested party may petition the board to resolve the dispute. When a provider provides treatment and complies with the reporting requirements of this chapter, the employer, insurer or group self-insurer shall pay the fees due in accordance with the fee schedule adopted pursuant to section 209 within 30 days of receipt of the provider's bill. Failure to pay within 30 days subjects the responsible party to interest in accordance with rules to be established by the board.

46 **Sec. 2. 39-A MRSA §210, sub-§9**, as enacted by PL 1991, c. 885, Pt. A, §8 and affected by §§9 to 11, is amended to read:

48 **9. Penalties.** Any health facility or health care provider
50 that knowingly submits false or misleading records or other

2 information to an insurance carrier, self-insurer or group
3 self-insurer or the board is guilty of a Class D crime.

4 **Sec. 3. 39-A MRSA §312, sub-§2,** as enacted by PL 1991, c. 885,
5 Pt. A, §8 and affected by §§9 to 11, is amended to read:

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7 **2. Duties.** An independent medical examiner shall render
8 medical findings on the medical condition of an employee and
9 related issues as specified under this section. The independent
10 medical examiner in a case may not be the employee's treating
11 health care provider and may not have treated the employee with
12 respect to the injury for which the claim is being made or the
13 benefits are being paid. Nothing in this subsection precludes
14 the selection of a provider authorized to receive reimbursement
15 under section 206 to serve in the capacity of an independent
16 medical examiner. ~~A physician who has examined an employee at
17 the request of an insurance company, employer or employee in
18 accordance with section 207 during the previous 52 weeks is not
19 eligible to serve as an independent medical examiner.~~

22 STATEMENT OF FACT

23 Under current law, providers of health care treating
24 workers' compensation cases are subject to strict 5-day reporting
25 provisions, criminal penalties for errors, fees limited to a
26 schedule and the likelihood of extended legal proceedings such as
27 depositions and hearings. This bill continues the fee
28 limitations, while easing the administrative burden by:

- 29 1. Extending the reporting periods from 5 days to 10 days;
- 30 2. Requiring prompt payment by insurers; and
- 31 3. Allowing for criminal penalties only where the provider
32 knowingly filed a false claim.

33 In addition, the bill expands the pool of available
34 independent medical examiners by eliminating the provision
35 disqualifying providers who had treated any patient during the
36 previous 52 weeks at the request of an insurance company,
37 employer or employee. A change is not made in the current law
38 prohibiting a provider from being an independent medical examiner
39 when the provider had treated that particular patient previously.
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