MAINE STATE LEGISLATURE

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116th MAINE LEGISLATURE

FIRST REGULAR SESSION-1993

Legislative Document

No. 1444

H.P. 1078

House of Representatives, May 5, 1993

An Act to Provide Choice within the Maine State Employee Health Insurance Program.

(AFTER DEADLINE)

(EMERGENCY)

Approved for introduction by a majority of the Legislative Council pursuant to Joint Rule 27. Reference to the Committee on Banking and Insurance suggested and ordered printed.

JOSEPH W. MAYO, Clerk

Presented by Representative RYDELL of Brunswick.
Cosponsored by Representatives: COLES of Harpswell, FOSS of Yarmouth, HOLT of Bath,
JOSEPH of Waterville, MARTIN of Eagle Lake, PFEIFFER of Brunswick, Senators: CAHILL
of Sagadahoc, ESTY of Cumberland, HARRIMAN of Cumberland, McCORMICK of Kennebec.

Emergency preamble. Whereas, Acts of the Legislature do not become effective until 90 days after adjournment unless enacted as emergencies; and

Whereas, the Legislature has previously directed the Department of Administrative and Financial Services through the State Employee Health Commission to offer a health maintenance organization option or preferred provider arrangements within the State Employee Health Insurance Program with primary care physicians serving as so-called "gatekeepers" managing utilization as a means of holding down the health insurance expenses of the State and its employees and providing routine preventive care, which has been found to be beneficial for the maintenance of health and cost-effective; and

Whereas, a particularly efficient way of providing such an option while maintaining the availability of fee-for-service health services is to offer a so-called point-of-service plan, which is a plan that allows a patient to select either the comprehensive health care benefits traditionally offered through a managed care network program of a health maintenance organization or care from the providers of a patient's choice outside the network with traditional indemnity benefits; and

Whereas, the State Employee Health Commission has issued a request for proposals for a point-of-service medical plan with bids due by April 30, 1993, with bid opening and review beginning May 3, 1993 and intends to make an award to a single bidder by June 15, 1993; and

Whereas, in the judgment of the Legislature, the lowest cost preventive care benefit package and widest availability of providers may be obtained by permitting more than one organization to offer point-of-service plans to those eligible to participate in the State Employee Health Insurance Program; and

Whereas, the State and the State Employee Health Commission need to provide the availability of such plans to the state employees to reduce the costs of the State Employee Health Insurance Program so as to avoid a serious detrimental impact on the financial position of the State; and

Whereas, the aim of permitting more than one organization to offer point-of-service plans through the State Employee Health Insurance Program may be accomplished without disruption of the ongoing bidding process by directing the State Employee Health Commission to modify the process to permit more than one organization or insurer to offer its point-of-service plan through the program as hereinafter provided; and

Whereas, in the judgment of the Legislature, these facts create an emergency within the meaning of the Constitution of

Maine and require the following legislation as immediately necessary for the preservation of the public peace, health and safety; now, therefore,

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

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Sec. 1. 5 MRSA §285, sub-§11 is enacted to read:

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11. Choice of health plans. Notwithstanding any contrary provisions of subsection 5 or of section 1825-B, commencing July 1, 1993, the State Employee Health Commission, subject to the provisions of this section, shall provide state employees and others eligible to participate in the State Employee Health Insurance Program with a choice of health plans provided by a health maintenance organization as defined in Title 24-A, chapter 56, an insurer as defined in Title 24-A, chapter 32, or a nonprofit service organization organized under Title 24-A, chapter 19.

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Sec. 2. Choice of health plan.

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For the period commencing July 1, 1993 through at least June 30, 1995, the State Employee Health Insurance Commission, referred to in this section as the "commission," shall provide a choice of health plan in accordance with the following.

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1. Within 30 days after the effective date of this section, the State Employee Health Insurance Commission shall give written notice to all persons to whom it previously furnished the April, 1993 request for proposals for a point-of-service plan of the commission's intention to modify the bid procedure to permit it to engage in competitive negotiation for the purposes of establishing rates for point-of-service plans and purchasing point-of-service plans from more than one bidder. Nothing in this subsection is intended to relieve an organization or insurer from any obligations it otherwise has to obtain regulatory approval from the Bureau of Insurance.

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To the extent not included in the April, 1993 request for proposals, this notice must contain current demographic information of the State Employee Health Insurance Program's enrolled population and actuarial adjustment factors such as age, program's and contract type, based upon the experience. The notice may also - request information with point-of-service and experience health maintenance organization products; network size, makeup and geographic location; and utilization management, claims and complaint procedures; and must request bids with rates at which the bidder is willing to provide the point-of-service plan. Responses from bidders must be submitted within 30 days of the notice.

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3. The commission shall negotiate with each of the organizations and insurers who submit bids within the time

- permitted by the notice, negotiating initially with the lowest responsible bidder. Through these negotiations the commission may refine the benefit design and shall establish the lowest schedule of rates that is acceptable to the commission for such point-of-service plans. The commission will complete negotiations within 30 days after the date by which responses must be provided to the commission. Nothing in this section prohibits the commission from rejecting all of the bids.
- 4. Any organization or insurer that has submitted a bid in 10 response to or after the commission's notice within the time permitted by the notice must be 12. allowed to offer point-of-service plan with such a benefit design to those eligible to participate in the State Employee Health Insurance Program at the lowest schedule of rates, as long as 16 organization or insurer has either statewide coverage or the ability to arrange for services on a statewide basis. Within 15 days after completion of such negotiations the commission shall purchase from each such organization or insurer wishing to offer its point-of-service plan, policy or policies and contract 20 providing the point-of-service plan.
 - 5. The point-of-service plan or plans for the State Employee Health Insurance Program must be effective commencing as soon as possible but not later than November 1, 1993 and must remain effective through at least June 30, 1995. The commission may extend its current contract for the point-of-service plan now in effect until the date that the plans offered under this section become effective.
 - 6. On or before December 1, 1994, the commission shall file a report with the Joint Standing Committee on Banking and Insurance with its recommendations for any further statutory amendments of the Maine Revised Statutes, Title 5, section 285 to ensure the continuance of choice of health care benefits products, accessibility for all eligible persons and maximization of the economic benefits of managed competition in the State Health Insurance Program.
- 7. The commission shall retain up to 2 consultants to assist it in the process set forth in this section, the cost of which must be borne by the organizations and insurers submitting bids in response to or after the commission's notice; provided that the total amount billed to the bidders is limited to an amount equal to \$2 multiplied by the total enrolled subscribers as established in Title 5, section 285, subsection 2 and the total cost must be apportioned equally among the actual bidders.
 - Emergency clause. In view of the emergency cited in the preamble, this Act takes effect when approved.

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STATEMENT OF FACT

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The purpose of this bill is to reduce the costs of the State Employee Health Insurance Program so as to avoid a serious detrimental impact on the financial position of the State. This bill directs the State Employee Health Commission to provide state employees with a choice of health plans provided by a health maintenance organization, an insurer or a nonprofit service organization. The bill directs the commission to modify the ongoing bidding process to permit it to engage in competitive negotiation for the purpose of establishing rates for point-of-service plans and purchasing point-of-service plans from more than one bidder.