

MAINE STATE LEGISLATURE

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116th MAINE LEGISLATURE

SECOND REGULAR SESSION-1994

Legislative Document

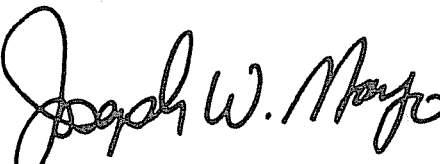
No. 1986

H.P. 1461

House of Representatives, March 28, 1994

An Act Regarding Access to Chiropractic Services.

Reported by Representative PINEAU for the Joint Standing Committee on Banking and Insurance pursuant to Joint Order H.P. 1456.


JOSEPH W. MAYO, Clerk

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

2
3 **Sec. 1. 24 MRSA §2303-C, sub-§3**, as amended by PL 1989, c.
4 141, §1, is further amended to read:

6 **3. Report to Superintendent of Insurance.** Every nonprofit
7 hospital or medical service organization subject to this section
8 shall report its experience for each calendar year to the
9 Superintendent of Insurance not later than April 30th of the
10 following year. The report shall must be in a form prescribed by
11 the superintendent and shall include the amount of claims paid in
12 this State for the services required by this section and the
13 total amount of claims paid in this State for group health care
14 contracts. The report must include complaints concerning access
15 to services under this section and the results of those
16 complaints. The superintendent shall compile this data for all
17 nonprofit hospital or medical service organizations in an annual
18 report.

20 **Sec. 2. 24-A MRSA §2748, sub-§3**, as amended by PL 1989, c.
21 141, §3, is further amended to read:

22 **3. Report to Superintendent of Insurance.** Every insurer
23 subject to this section shall report its experience for each
24 calendar year to the Superintendent of Insurance not later than
25 April 30th of the following year. The report shall must be in a
26 form prescribed by the superintendent and shall include the
27 amount of claims paid in this State for the services required by
28 this section and the total amount of claims paid in this State
29 for health care contracts. The report must include complaints
30 concerning access to services under this section and the results
31 of those complaints. The superintendent shall compile this data
32 for all insurers in an annual report.

34 **Sec. 3. 24-A MRSA §4211, sub-§2, ¶B**, as enacted by PL 1975, c.
35 503, is amended to read:

36 B. The total number and disposition of complaints handled
37 through such the complaint system and a compilation of
38 causes underlying the complaints filed. Complaints
39 concerning access to chiropractic providers and the results
40 of those complaints must be separately identified; and

41 **Sec. 4. 24-A MRSA §4228, sub-§1, ¶A**, as enacted by PL 1987, c.
42 168, §5, is amended to read:

43 A. The number and type of evaluations performed.

44 (1) For the purposes of this section, the term "type
45 of evaluations" means the following preutilization
46
47
48
49
50

2 review categories: ~~Presurgical~~ presurgical inpatient
4 days; setting of medical service, such as inpatient or
6 outpatient services; and the number of days of service.

8 (2) The report must separately identify the number of
10 evaluations performed in which the health care services
12 requested or provided include chiropractic services and
14 the results of those evaluations;

16 STATEMENT OF FACT

18 This bill requires the annual report from every nonprofit
20 hospital or medical service corporation to the Superintendent of
22 Insurance to include complaints concerning access to chiropractic
24 services and the results of those complaints. The bill imposes
26 the same requirements on insurers.

28 The bill requires the annual report of health maintenance
organizations to the Superintendent of Insurance and the
Commissioner of Human Services to include a separate listing of
complaints concerning access to chiropractic services.

The bill requires the annual report on utilization review of
health maintenance organizations to the Superintendent of
Insurance to include the number of evaluations concerning
chiropractic services and the results of those evaluations.