

# MAINE STATE LEGISLATURE

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**BANKING AND INSURANCE**

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**STATE OF MAINE  
HOUSE OF REPRESENTATIVES  
117TH LEGISLATURE  
FIRST REGULAR SESSION**

COMMITTEE AMENDMENT "A" to H.P. 287, L.D. 391, Bill, "An Act to Increase Access to Chiropractor Care under Health Maintenance Organization Managed Care Plans"

Amend the bill by striking out everything after the enacting clause and before the statement of fact and inserting in its place the following:

'Sec. 1. 24-A MRSA §4236, sub-§3 is enacted to read:

3. Self-referrals for chiropractic care. A health maintenance organization must provide benefits to an enrollee who utilizes the services of a chiropractic provider by self-referral under the following conditions.

A. An enrollee may utilize the services of a participating chiropractic provider within the enrollee's health maintenance organization for 3 weeks or a maximum of 12 visits, whichever occurs first, of acute care treatment without the prior approval of a primary care provider of the health maintenance organization. For purposes of this subsection, "acute care treatment" means treatment for accidental bodily injury or sudden, severe pain that affects the ability of the enrollee to engage in the normal activities, duties or responsibilities of daily living.

B. Within 3 working days of the first consultation, the participating chiropractic provider shall send to the primary care provider a report containing the enrollee's complaint, related history, examination, initial diagnosis and treatment plan. If the chiropractic provider fails to send a report to the primary care provider within 3 working

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COMMITTEE AMENDMENT "A" to H.P. 287, L.D. 391

2 days, the health maintenance organization is not obligated  
3 to provide benefits for chiropractic care and the enrollee  
4 is not liable to the chiropractic provider for any unpaid  
5 fees.

6 C. If the enrollee and the participating chiropractic  
7 provider determine that the condition of the enrollee has  
8 not improved after 3 weeks of treatment or a maximum of 12  
9 visits the participating chiropractic provider shall  
10 discontinue treatment and refer the enrollee to the primary  
11 care provider.

12 D. If the chiropractic provider recommends treatment beyond  
13 3 weeks or a maximum of 12 visits, the participating  
14 chiropractic provider shall send to the primary care  
15 provider a report containing information on the enrollee's  
16 progress and outlining a treatment plan for extended  
17 chiropractic care of up to 5 more weeks or a maximum of 12  
18 more visits, whichever occurs first.

19 E. Without the approval of the primary care provider, an  
20 enrollee may not receive benefits for more than 36 visits to  
21 a participating chiropractic provider in a 12-month period.  
22 After a maximum of 36 visits, an enrollee's continuing  
23 chiropractic treatment must be authorized by the primary  
24 care provider.

25 In the provision of chiropractic services under this subsection,  
26 a participating chiropractic provider is liable for a  
27 professional diagnosis of a mental or physical condition that has  
28 resulted or may result in the chiropractic provider performing  
29 duties in a manner that endangers the health or safety of an  
30 enrollee.

31 The provisions of this subsection apply to all health maintenance  
32 organization contracts, except a contract between a health  
33 maintenance organization and the State Employee Health Insurance  
34 Program.

35 This subsection takes effect January 1, 1996 and is repealed  
36 March 1, 1998.'

37 Further amend the bill by inserting at the end before the  
38 statement of fact the following:

46 **FISCAL NOTE**

47 The Bureau of Insurance will incur some minor additional  
48 costs to process any additional rate filings that may occur as a  
49 result of these insurance requirements for chiropractor care.  
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**COMMITTEE AMENDMENT**

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2 These costs can be absorbed within the bureau's existing budgeted  
resources.'

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**STATEMENT OF FACT**

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8 This amendment replaces the original bill and does the  
following.

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1. It allows enrollees in health maintenance organizations to refer themselves to chiropractic providers participating in the enrollee's health maintenance organization for 3 weeks of treatment, or 12 visits, and limits self-referral to treatment for acute pain or accidental bodily injury.

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2. It requires chiropractic providers to send a report to the primary care provider within 3 working days to obligate the health maintenance organization to provide benefits.

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3. If treatment is recommended beyond 3 weeks, it requires the chiropractic provider to send the primary care provider a report of a treatment plan for up to 5 more weeks, or a maximum of 12 more visits.

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4. It limits an enrollee to a maximum of 36 visits for chiropractic treatment over 12 months without the authorization of the primary care provider.

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5. It provides that chiropractic providers performing duties under this provision are liable for professional diagnoses of mental or physical conditions resulting in actions that endanger the health or safety of an enrollee.

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6. It exempts the State Employee Health Program from the requirements of the mandate.

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7. It provides an effective date of January 1, 1996 and a repeal date of March 1, 1998.

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The amendment also adds a fiscal note to the bill.