

MAINE STATE LEGISLATURE

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117th MAINE LEGISLATURE

FIRST REGULAR SESSION-1995

Legislative Document

No. 1079

H.P. 782

House of Representatives, March 30, 1995

An Act to Improve Coverage for Women's Health Services.

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

A handwritten signature in cursive script that reads "Joseph W. Mayo".

JOSEPH W. MAYO, Clerk

Presented by Representative MITCHELL of Portland.
Cosponsored by Senator McCORMICK of Kennebec and
Representatives: BRENNAN of Portland, DAVIDSON of Brunswick, DORE of Auburn,
FITZPATRICK of Durham, GERRY of Auburn, LOVETT of Scarborough, MADORE of
Augusta, MARVIN of Cape Elizabeth, MITCHELL of Vassalboro, NADEAU of Saco,
PINKHAM of Lamoine, POVICH of Ellsworth, SAXL of Portland, SHIAH of Bowdoinham,
STEVENS of Orono, THOMPSON of Naples, WATSON of Farmingdale, WINGLASS of
Auburn, Senators: BUSTIN of Kennebec, PARADIS of Aroostook, PINGREE of Knox,
RAND of Cumberland.

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

PART A

Sec. A-1. 24 MRSA §2320-A, as amended by PL 1991, c. 701, §2, is further amended to read:

§2320-A. Breast health services

1. **Definition.** For purposes of this section, "screening mammogram" means a radiologic procedure that is provided to an asymptomatic woman for the purpose of early detection of breast cancer and that consists of 2 radiographic views per breast.

2. **Required mammography coverage.** All individual and group nonprofit medical services plan contracts and all nonprofit health care plan contracts must provide coverage for screening mammograms performed by providers that meet the standards established by the Department of Human Services' rules relating to radiation protection. The policies must reimburse for screening mammograms performed:

A. At least once every 2 years for women between the ages of 40 and 49; and

B. At least once a year for women age 50 and over.

~~3. -- Application. -- This section applies to all contracts and certificates executed, delivered, issued for delivery, continued or renewed in this State on or after March 1, 1991. -- For purposes of this section, all contracts are deemed to be renewed no later than the next yearly anniversary of the contract date.~~

4. **Reports.** Each nonprofit hospital and medical care service organization subject to this section shall report to the superintendent its experience for each calendar year beginning with 1991 ~~not~~ no later than April 30th of the following calendar year. The report must include the information required and be presented in the form prescribed by the superintendent. The report must include the amount of claims paid in this State for services required by this section. The superintendent shall compile this data in an annual report and submit the report to the joint standing committee of the Legislature having jurisdiction over banking and insurance matters.

5. **Deductibles, copayments and coinsurance.** An individual or group nonprofit medical services plan contract and a nonprofit health care plan contract may impose a deductible of no more than \$5 and no other copayments for routine, low-dose screening mammograms.

2 asymptomatic woman for the purpose of early detection of breast
cancer and that consists of 2 radiographic views per breast.

4 **2. Required mammography coverage.** All individual insurance
6 policies that cover radiologic procedures, except those designed
to cover only specific diseases, accidental injury or dental
8 procedures, must provide coverage for screening mammograms
performed by providers that meet the standards established by the
10 Department of Human Services' rules relating to radiation
protection. The policies must reimburse for screening mammograms
performed:

12 A. At least once every 2 years for women between the ages
14 of 40 and 49; and

16 B. At least once a year for women age 50 and over.

18 ~~3. Application. This section applies to all policies,~~
~~contracts and certificates that cover radiologic procedures,~~
20 ~~except those policies that cover only dental procedures,~~
~~accidental injury or specific diseases, executed, delivered,~~
22 ~~issued for delivery, continued or renewed in this State on or~~
~~after March 1, 1991. For purposes of this section, all policies~~
24 ~~and contracts are deemed to be renewed no later than the next~~
~~yearly anniversary of the policy or contract date.~~

26 **4. Reports.** Each insurer that issues policies subject to
28 this section shall report to the superintendent its experience
for each calendar year beginning with 1991 ~~not~~ no later than
30 April 30th of the following calendar year. The report must
include the information required and be presented in the form
32 prescribed by the superintendent. The report must include the
amount of claims paid in this State for services required by this
34 section. The superintendent shall compile this data in an annual
report and submit the report to the joint standing committee of
36 the Legislature having jurisdiction over banking and insurance
matters.

38 **5. Deductibles, copayments and coinsurance.** An individual
40 insurance policy may impose a deductible of no more than \$5 and
no other copayments or coinsurance for routine, low-dose
42 screening mammograms.

44 **6. Prohibited conduct.** An individual insurance policy may
not deny coverage or cancel, terminate or fail to renew the
46 policy or exclude, reduce or limit benefits, impose a waiting
period or exclusion for a preexisting condition or otherwise
48 limit or exclude coverage because a person has been diagnosed as
having a fibrocystic breast condition or has had a breast
50 implantation.

2 7. Required breast cancer treatment coverage. An
individual insurance policy must provide coverage for the
4 treatment of breast cancer by dose-intensive chemotherapy,
autologous bone marrow transplants or stem cell transplants,
6 subject to the same requirements for deductibles, copayments or
coinsurance charges as other services under the policy.

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10 8. Application. This section applies to any policy
executed, delivered, issued for delivery, continued or renewed in
12 this State on or after January 1, 1996. For purposes of this
subsection, a policy is deemed to be renewed no later than the
14 next yearly anniversary of the policy date.

16 **Sec. B-2. 24-A MRSA §2745-C** is enacted to read:

18 §2745-C. Gynecological and obstetrical services

20 1. Required designation. Individual insurance policies,
except those designed to cover only specific diseases, accidental
22 injury or dental procedures, that designate certain physicians as
primary care physicians must include physicians providing
24 gynecological and obstetrical services as primary care physicians.

26 2. Application. This section applies to any policy
executed, delivered, issued for delivery, continued or renewed in
28 this State on or after January 1, 1996. For purposes of this
section, a policy is deemed to be renewed no later than the next
30 anniversary date of the policy date.

32 **PART C**

34 **Sec. C-1. 24-A MRSA §2837-A**, as amended by PL 1991, c. 701,
§9, is further amended to read:

36 §2837-A. Breast health services

38 1. Definition. For purposes of this section, "screening
40 mammogram" means a radiologic procedure that is provided to an
asymptomatic woman for the purpose of early detection of breast
42 cancer and that consists of 2 radiographic views per breast.

44 2. Required mammography coverage. All group insurance
policies that cover radiologic procedures, except those policies
46 that cover only dental procedures, accidental injury or specific
diseases, must provide coverage for screening mammograms
48 performed by providers that meet the standards established by the
Department of Human Services relating to radiation protection.
50 The policies must reimburse for screening mammograms performed:

2 A. At least once every 2 years for women between the ages
of 40 and 49; and

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B. At least once a year for women age 50 and over.

6

8 ~~3. Application. This section applies to all policies,~~
~~contracts and certificates that cover radiologic procedures,~~
~~except those policies that cover only dental procedures,~~
10 ~~accidental injury or specific diseases, executed, delivered,~~
~~issued for delivery, continued or renewed in this State on or~~
12 ~~after March 1, 1991. For purposes of this section, all policies~~
~~and contracts are deemed to be renewed no later than the next~~
14 ~~yearly anniversary of the policy or contract date.~~

16 **4. Reports.** Each insurer that issues policies subject to
this section shall report to the superintendent its experience
18 for each calendar year ~~beginning with 1991~~ not no later than
April 30th of the following calendar year. The report must
20 include the information required and be presented in the form
prescribed by the superintendent. The report must include the
22 amount of claims paid in this State for services required by this
section. The superintendent shall compile this data in an annual
24 report and submit the report to the joint standing committee of
the Legislature having jurisdiction over banking and insurance
26 matters.

28 5. Deductibles, copayments and coinsurance. A group
insurance policy or contract may impose a deductible of no more
30 than \$5 and no other copayments or coinsurance for routine,
low-dose screening mammograms.

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34 6. Prohibited conduct. A group insurance policy or
contract may not deny coverage or cancel, terminate or fail to
renew the policy or contract or exclude, reduce or limit
36 benefits, impose a waiting period or exclusion for a preexisting
condition or otherwise limit or exclude coverage because a person
38 has been diagnosed as having a fibrocystic breast condition or
has had a breast implantation.

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42 7. Required breast cancer treatment coverage. A group
insurance policy or contract must provide coverage for the
treatment of breast cancer by dose-intensive chemotherapy,
44 autologous bone marrow transplants or stem cell transplants,
subject to the same requirements for deductibles, copayments or
46 coinsurance as other services under the policy or contract.

48 8. Application. This section applies to any policy or
contract executed, delivered, issued for delivery, continued or
50 renewed in this State on or after January 1, 1996. For purposes

2 of this subsection, a policy or contract is deemed to be renewed
3 no later than the next yearly anniversary of the policy or
4 contract date.

6 **Sec. C-2. 24-A MRSA §2850-A** is enacted to read:

8 **§2850-A. Gynecological and obstetrical services**

10 1. Primary care. An insurance policy or contract, except a
11 policy or contract that covers only dental procedures, accidental
12 injury or specific diseases, that designates certain physicians
13 as primary care physicians must include physicians providing
14 gynecological and obstetrical services as primary care physicians.

16 2. Application. This section applies to a policy or
17 contract executed, delivered, issued for delivery, continued or
18 renewed in this State on or after January 1, 1996. For purposes
19 of this subsection, a policy or contract is deemed to be renewed
20 no later than the next yearly anniversary of the policy or
21 contract date.

22 **PART D**

24 **Sec. D-1. 24-A MRSA §§4237 and 4238** are enacted to read:

26 **§4237. Breast health services**

28 1. Definition. For purposes of this section, "screening
29 mammogram" means a radiologic procedure that is provided to an
30 asymptomatic woman for the purpose of early detection of breast
31 cancer and that consists of 2 radiographic views per breast.

34 2. Required mammography coverage. An individual or group
35 contract subject to this chapter must provide coverage for
36 screening mammograms performed by providers that meet the
37 standards established by the Department of Human Services' rules
38 relating to radiation protection. The policy or contract must
39 reimburse for screening mammograms performed:

40 A. At least once every 2 years for women between the ages
41 of 40 and 49; and

44 B. At least once a year for women age 50 and over.

46 3. Reports. Beginning in 1997, each health maintenance
47 organization subject to this section shall report to the
48 superintendent its experience for each calendar year no later
49 than April 30th of the following calendar year. The report must
50 include the information required and be presented in the form

2 prescribed by the superintendent. The report must include the
3 amount of claims paid in this State for services required by this
4 section. The superintendent shall compile this data in an annual
5 report and submit the report to the joint standing committee of
6 the Legislature having jurisdiction over banking and insurance
7 matters.

8 **4. Deductibles, copayments and coinsurance.** An individual
9 or group contract may impose a deductible of no more than \$5 and
10 no other copayments or coinsurance for routine, low-dose
11 screening mammograms.

12 **5. Prohibited conduct.** An individual or group contract may
13 not deny coverage or cancel, terminate or fail to renew a plan or
14 contract or exclude, reduce or limit benefits, impose a waiting
15 period or exclusion for a preexisting condition or otherwise
16 limit or exclude coverage because a person has been diagnosed as
17 having a fibrocystic breast condition or has had a breast
18 implantation.

19 **6. Required breast cancer treatment coverage.** An
20 individual or group contract must provide coverage for the
21 treatment of breast cancer by dose-intensive chemotherapy,
22 autologous bone marrow transplants or stem cell transplants,
23 subject to the same requirements for deductibles, copayments or
24 coinsurance as other requirements for services under the contract.

25 **7. Application.** This section applies to any contract
26 executed, delivered, issued for delivery, continued or renewed in
27 this State on or after January 1, 1996. For purposes of this
28 subsection, a contract is deemed to be renewed no later than the
29 next yearly anniversary of the contract date.

30 **§4238. Gynecological and obstetrical services**

31 **1. Required designation.** An individual or group contract
32 subject to this chapter that designates certain physicians as
33 primary care physicians must include physicians providing
34 gynecological and obstetrical services as primary care physicians.

35 **2. Application.** This section applies to any individual or
36 group contract executed, delivered, issued for delivery,
37 continued or renewed in this State on or after January 1, 1996.
38 For purposes of this subsection, a contract is deemed to be
39 renewed no later than the next yearly anniversary of the contract
40 date.

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48 **PART E**

2 **Sec. E-1. Effective date.** This Act takes effect January 1, 1996.

4 **STATEMENT OF FACT**

6 This bill makes identical changes in the requirements for
8 individual health insurance, group health insurance and health
care coverage provided by nonprofit hospital and medical service
10 organizations and health maintenance organizations. All
requirements take effect on January 1, 1996. The requirements
include the following.

12 1. Copayments and coinsurance may not be imposed for
14 routine, low-dose screening mammograms. A deductible of no more
than \$5 may be charged.

16 2. Coverage may not be denied or in any way affected by a
18 person having had a prior diagnosis for a fibrocystic breast
condition or a breast implantation.

20 3. Coverage must be provided for breast cancer treatment,
22 subject to the same deductibles, copayments and coinsurance as
for other services.

24 4. Plans that designate physicians as primary care
26 providers must designate physicians providing gynecological and
obstetrical services as primary care providers.