

MAINE STATE LEGISLATURE

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L.D. 1385

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DATE: 2/15/96

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M A J O R I T Y
BANKING AND INSURANCE

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STATE OF MAINE
HOUSE OF REPRESENTATIVES
117TH LEGISLATURE
SECOND REGULAR SESSION

COMMITTEE AMENDMENT "A" to H.P. 976, L.D. 1385, Bill, "An Act to Ensure That Basic Health Care Needs of Women Are Covered in Insurance Policies"

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 MRSA §2320-E is enacted to read:

§2320-E. Coverage for Pap tests

All group nonprofit medical service plan contracts and all nonprofit health care plan contracts must provide coverage for screening Pap tests recommended by a physician.

Sec. 2. 24 MRSA §2332-F is enacted to read:

§2332-F. Gynecological and obstetrical services

1. Coverage in managed care plans. With respect to managed care plans that require subscribers to select primary care physicians, a nonprofit hospital and medical service organization that issues group contracts must meet the following requirements.

A. The organization must permit a physician who specializes in obstetrics and gynecology to serve as a primary care physician if the physician qualifies under the organization's credentialing policy; and

COMMITTEE AMENDMENT

R.d.S.

2 B. All group plan contracts must provide coverage for an
3 annual gynecological examination, including routine pelvic
4 and clinical breast examinations, performed by a physician
5 participating in the plan, without requiring the prior
6 approval of the primary care physician.

7 2. Application. This section applies to all contracts and
8 certificates executed, delivered, issued for delivery, continued
9 or renewed in this State on or after January 1, 1997. For
10 purposes of this section, all contracts are deemed to be renewed
11 no later than the next yearly anniversary of the contract date.

12 Sec. 3. 24-A MRSA §2837-E is enacted to read:

13 §2837-E. Coverage for Pap tests

14 All group health insurance policies and contracts, except
15 accidental injury, specified disease, hospital indemnity,
16 Medicare supplement, long-term care and other limited benefit
17 health insurance policies and contracts, must provide coverage
18 for screening Pap tests recommended by a physician.

19 Sec. 4. 24-A MRSA §2850-A is enacted to read:

20 §2850-A. Gynecological and obstetrical services

21 1. Coverage in managed care plans. With respect to managed
22 care plans that require group members to select primary care
23 physicians, an insurer that issues group health insurance
24 policies and contracts must meet the following requirements.

25 A. The insurer must permit a physician who specializes in
26 obstetrics and gynecology to serve as a primary care
27 physician if the physician qualifies under the insurer's
28 credentialling policy; and

29 B. All group plan contracts must provide coverage for an
30 annual gynecological examination, including routine pelvic
31 and clinical breast examinations, performed by a physician
32 participating in the plan, without requiring the prior
33 approval of the primary care physician.

34 2. Application. This section applies to all policies and
35 contracts executed, delivered, issued for delivery, continued or
36 renewed in this State on or after January 1, 1997. For purposes
37 of this section, all contracts are deemed to be renewed no later
38 than the next yearly anniversary of the contract date.

39 Sec. 5. 24-A §§4240 and 4241 are enacted to read:

R. S.

2 §4240. Coverage for Pap tests

4 All health maintenance organization plan contracts must
6 provide coverage for screening Pap tests recommended by a
physician.

8 §4241. Gynecological and obstetrical services

10 1. Coverage in managed care plans. With respect to managed
12 care plans that require enrollees to select primary care
physicians, a health maintenance organization that issues group
14 policies and contracts must meet the following requirements.

16 A. The health maintenance organization must permit a
physician who specializes in obstetrics and gynecology to
18 serve as a primary care physician if the physician qualifies
under the organization's credentialling policy; and

20 B. All group plan contracts must provide coverage for an
annual gynecological examination, including routine pelvic
22 and clinical breast examinations, performed by a physician
participating in the plan, without requiring the prior
24 approval of the primary care physician.

26 2. Application. This section applies to all policies and
contracts executed, delivered, issued for delivery, continued or
28 renewed in this State on or after January 1, 1997. For purposes
of this section, all contracts are deemed to be renewed no later
30 than the next yearly anniversary of the contract date.

32 **Sec. 6. Effective date.** This Act takes effect January 1, 1997.'

34 Further amend the bill by inserting at the end before the
36 statement of fact the following:

38 **FISCAL NOTE**

40 The expansion of insurance requirements related to certain
42 women's health services will not increase the cost of the State's
employee health insurance program since the proposed services are
currently covered.

44 The Bureau of Insurance will incur some minor additional
46 costs to administer new form filings. These costs can be
absorbed within the bureau's existing budgeted resources.'

STATEMENT OF FACT

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This amendment is the majority report of the committee and replaces the bill. It makes the following changes in the requirements for group contracts provided by nonprofit hospital and medical service organizations, insurers and health maintenance organizations.

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1. Coverage must be provided in all contracts for screening Pap tests recommended by a physician.

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2. Managed care plans that require the selection of a primary care physician must permit physicians who specialize in obstetrics and gynecology to serve as primary care physicians if they meet certain credentialing criteria.

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3. Managed care plans that require the selection of a primary care physician must provide coverage for an annual gynecological examination performed by a provider participating in the plan without requiring the prior approval of a primary care physician.

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The amendment provides an effective date of January 1, 1997.

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This amendment also adds a fiscal note.