

# MAINE STATE LEGISLATURE

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L.D. 1385

DATE: 2/15/96

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M I N 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 "**B**" 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 permit a physician who specializes in obstetrics and gynecology to serve as a primary care physician if the physician qualifies under the organization's credentialling policy.

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

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

§2837-E. Coverage for Pap tests

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

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

§2850-A. Gynecological and obstetrical services

1. Coverage in managed care plans. With respect to managed care plans that require group members to select primary care physicians, an insurer that issues group health insurance policies and contracts 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 credentialling policy.

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

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

§4240. Coverage for Pap tests

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

§4241. Gynecological and obstetrical services

1. Coverage in managed care plans. With respect to managed care plans that require enrollees to select a primary care physician, a health maintenance organization that issues group policies and contracts must permit a physician who specializes in obstetrics and gynecology to serve as a primary care physician if

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the physician qualifies under the organization's credentialling policy.

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

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

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

**FISCAL NOTE**

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

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

**STATEMENT OF FACT**

This amendment is the minority 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.

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

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 credentialling criteria.

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

This amendment also adds a fiscal note.