

MAINE STATE LEGISLATURE

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117th MAINE LEGISLATURE

FIRST REGULAR SESSION-1995

Legislative Document

No. 1385

H.P. 976

House of Representatives, April 19, 1995

**An Act to Ensure That Basic Health Care Needs of Women Are Covered
in Insurance Policies.**

Received by the Clerk of the House on April 14, 1995. Referred to the Committee on Banking and Insurance and ordered printed pursuant to Joint Rule 14.

A handwritten signature in black ink that reads "Joseph W. Mayo".

JOSEPH W. MAYO, Clerk

Presented by Representative DONNELLY of Presque Isle.
Cosponsored by Representatives: LEMONT of Kittery, MADORE of Augusta, MORRISON of Bangor, SAXL of Portland, SIMONEAU of Thomaston, Senators: LONGLEY of Waldo, McCORMICK of Kennebec, PARADIS of Aroostook, RAND of Cumberland.

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

4 **Sec. 1. 24 MRSA §2320-C is enacted to read:**

6 **§2320-C. Basic coverage**

8 **1. Required coverage.** All individual and group nonprofit
10 medical service plan contracts and all nonprofit health care plan
12 contracts must provide coverage for the services listed in
14 subsection 2 performed by providers that meet the standards
16 established by the Department of Human Services.

18 **2. Covered services.** The following services are covered
20 under this section:

22 **A.** All prenatal care, including any care during a pregnancy
24 that is determined by a physician to be medically necessary
26 and one office visit following birth, with a copayment being
28 charged based upon ability to pay and according to a sliding
30 fee scale determined by the Superintendent of Insurance
32 after consultation with organizations subject to this
34 section;

36 **B.** Annual Pap tests;

38 **C.** If the patient is 40 years of age or older, annual
40 rectal and colon exams;

42 **D.** Screening mammograms as defined in section 2320-A
44 according to the following schedule:

46 (1) At least one time for women between the ages of 35
48 and 39;

50 (2) At least once every 2 years for women between the
52 ages of 40 and 49;

54 (3) At least annually for women age 50 and older; and

56 (4) Any additional tests recommended by a physician
58 for women who are determined to be at a high risk of
60 breast cancer; and

62 **E.** Tests for the presence of the human immunodeficiency
64 antigen or an antibody to the human immunodeficiency virus
66 or for the presence of a sexually transmitted disease.

68 **3. Application.** This section applies to all contracts and
70 certificates executed, delivered, issued for delivery, continued
72 or renewed in this State on or after December 1, 1995. For

2 purposes of this section, all contracts are deemed to be renewed
3 no later than the next yearly anniversary of the contract date.

4 4. Reports. Each nonprofit hospital and medical care
5 service organization subject to this section shall report to the
6 superintendent its experience for each calendar year beginning
7 with 1996 no later than April 30th of the following calendar
8 year. The report must include the information required and be
9 presented in the form prescribed by the superintendent. The
10 report must include the amount of claims paid in this State for
11 services required by this section. The superintendent shall
12 compile this data in an annual report and submit the report to
13 the joint standing committee of the Legislature having
14 jurisdiction over banking and insurance matters.

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

16 **§2332-F. Obstetricians and gynecologists to serve as primary**
17 **care physicians**

18 All individual and group nonprofit medical service plan
19 contracts and all nonprofit health care plan contracts that
20 provide for managed patient care must permit otherwise eligible
21 physicians who specialize in obstetrics and gynecology to serve
22 as primary care physicians.

23 **Sec. 3. 24-A MRSA §2745-C** is enacted to read:

24 **§2745-C. Basic coverage**

25 1. Required coverage. All individual insurance policies
26 must provide coverage for the services listed in subsection 2
27 performed by providers that meet the standards established by the
28 Department of Human Services.

29 2. Covered services. The following services are covered
30 under this section:

31 A. All prenatal care, including any care during a pregnancy
32 that is determined by a physician to be medically necessary
33 and one office visit following birth, with a copayment being
34 charged based upon ability to pay and according to a sliding
35 fee scale determined by the superintendent after
36 consultation with organizations subject to this section;

37 B. Annual Pap tests;

38 C. If the patient is 40 years of age or older, annual
39 rectal and colon exams;

2 D. Screening mammograms as defined in section 2745-A
3 according to the following schedule:

4 (1) At least one time for women between the ages of 35
5 and 39;

6 (2) At least once every 2 years for women between the
7 ages of 40 and 49;

8 (3) At least annually for women age 50 and older; and

9 (4) Any additional tests recommended by a physician
10 for women who are determined to be at a high risk of
11 breast cancer; and

12 E. Tests for the presence of the human immunodeficiency
13 antigen or an antibody to the human immunodeficiency virus
14 or for the presence of a sexually transmitted disease.

15 3. Application. This section applies to all policies,
16 contracts and certificates executed, delivered, issued for
17 delivery, continued or renewed in this State on or after December
18 1, 1995. For purposes of this section, all policies and
19 contracts are deemed to be renewed no later than the next yearly
20 anniversary of the policy or contract date.

21 4. Reports. Each insurer that issues policies subject to
22 this section shall report to the superintendent its experience
23 for each calendar year beginning with 1996 no later than April
24 30th of the following calendar year. The report must include the
25 information required and be presented in the form prescribed by
26 the superintendent. The report must include the amount of claims
27 paid in this State for services required by this section. The
28 superintendent shall compile this data in an annual report and
29 submit the report to the joint standing committee of the
30 Legislature having jurisdiction over banking and insurance
31 matters.

32 Sec. 4. 24-A MRSA §2754 is enacted to read:

33 **§2754. Obstetricians and gynecologists to serve as primary**
34 **care physicians**

35 All individual insurance policies that provide for managed
36 patient care must permit otherwise eligible physicians who
37 specialize in obstetrics and gynecology to serve as primary care
38 physicians.

39 Sec. 5. 24-A MRSA §2837-C is enacted to read:

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§2837-C. Basic coverage

1. Required coverage. All group insurance policies must provide coverage for the services listed in subsection 2 performed by providers that meet the standards established by the Department of Human Services.

2. Covered services. The following services are covered under this section:

A. All prenatal care, including any care during a pregnancy that is determined by a physician to be medically necessary and one office visit following birth, with a copayment being charged based upon ability to pay and according to a sliding fee scale determined by the superintendent after consultation with organizations subject to this section;

B. Annual Pap tests;

C. If the patient is 40 years of age or older, annual rectal and colon exams;

D. Screening mammograms as defined in section 2837-A according to the following schedule:

(1) At least one time for women between the ages of 35 and 39;

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

(3) At least annually for women age 50 and older; and

(4) Any additional tests recommended by a physician for women who are determined to be at a high risk of breast cancer; and

E. Tests for the presence of the human immunodeficiency antigen or an antibody to the human immunodeficiency virus or for the presence of a sexually transmitted disease.

3. Application. This section applies to all policies, contracts and certificates executed, delivered, issued for delivery, continued or renewed in this State on or after December 1, 1995. For purposes of this section, all policies and contracts are deemed to be renewed no later than the next yearly anniversary of the policy or contract date.

