

MAINE STATE LEGISLATURE

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12
H. O. S.

L.D. 1882

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DATE: March 29, 1996

(Filing No. S- 543)

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BANKING AND INSURANCE

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Reported by: The Minority of the Committee.

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Reproduced and distributed under the direction of the Secretary of the Senate.

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**STATE OF MAINE
SENATE
117TH LEGISLATURE
SECOND REGULAR SESSION**

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COMMITTEE AMENDMENT " A " to S.P. 769, L.D. 1882, Bill, "An Act to Create the Maine Health Care Reform Act of 1996"

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Amend the bill in Part A in section 3 in that part designated "~~§1954.~~" by striking out all of subsection 2 (page 3, lines 17 to 33 in L.D.) and inserting in its place the following:

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'2. Enrollee choice. Ensure that enrollees have a choice among a reasonable number of competing carriers and types of health benefit plans in accordance with this subsection. In every portion of the alliance's service area, the alliance must offer at least 3 different carriers. When 3 participating carriers are not reasonably available in some or all of the alliance's service area, the superintendent may waive this requirement in accordance with standards and procedures established by rule pursuant to this chapter.'

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Further amend the bill in Part C in section 1 in that part designated "~~§4305.~~" by striking out all of subsection 3.

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Further amend the bill in Part C in section 1 by striking out all of that part designated "~~§4306.~~" and inserting in its place the following:

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'§4306. Enrollee choice of primary care physician

1. Enrollee choice of provider. A carrier offering a managed care plan must allow enrollees to choose their own primary care physicians, as allowed under the managed care plan's rules, from among the panel of participating providers made available to enrollees under the managed care plan's rules. A managed care plan must allow enrollees to change primary care

2 physicians without good cause at least once annually and to
4 change with good cause as necessary. In the event an enrollee
6 fails to choose a primary care physician, the managed care plan
8 may assign the enrollee a primary care physician located in the
10 geographic area in which the enrollee resides.

12 2. Chronic disease. A managed care plan must have
14 mechanisms in place for the use of nonparticipating physician
16 consultants, as needed, from appropriate specialty areas of
18 medicine and surgery who are certified by the applicable American
20 Board of Medical Specialties for the treatment of enrollees with
22 chronic disease or other medical conditions requiring specialty
24 care not available from a participating provider.'

16 STATEMENT OF FACT

18 This amendment is the minority report. It removes the
20 requirement that a private purchasing alliance offer a
22 catastrophic health plan covering only inpatient hospital
24 benefits. It removes the language in the quality of care
26 provision that prohibits carriers from making coverage decisions
28 based on an enrollee's age, nature of disability or degree of
medical dependency. It adds a provision requiring managed care
plans to establish a mechanism for the use of specialists outside
the plan when an enrollee has a chronic disease or other medical
condition requiring specialty care.