

# MAINE STATE LEGISLATURE

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# 118th MAINE LEGISLATURE

## FIRST REGULAR SESSION-1997

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Legislative Document

No. 785

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H.P. 594


House of Representatives, February 4, 1997

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### An Act to Require Certain Practices by Managed Care Plans.

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

  
JOSEPH W. MAYO, Clerk

Presented by Representative AHEARNE of Madawaska.

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

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4       Sec. 1. 24 MRSA §2320-C, as enacted by PL 1995, c. 295, §1,  
is repealed and the following enacted in its place:

6       §2320-C. Coverage for mastectomy surgery

8           1. Reconstructive surgery. All individual and group  
10       nonprofit and medical services plan contracts and all nonprofit  
12       health care plan contracts providing coverage for mastectomy  
14       surgery must provide coverage for reconstruction of the breast on  
16       which surgery has been performed and surgery and reconstruction  
of the other breast to produce a symmetrical appearance if the  
patient elects reconstruction and in the manner chosen by the  
patient and the physician.

18           2. Hospital stay. With respect to managed care plans, all  
20       individual and group nonprofit and medical services plan  
22       contracts and all nonprofit health care plan contracts providing  
24       coverage for mastectomy surgery must provide coverage for a  
minimum of 48 hours of in-patient hospital care following  
mastectomy surgery unless the patient and the physician elect a  
shorter hospital stay.

26       Sec. 2. 24-A MRSA §2745-C, as corrected by RR 1995, c. 1,  
§15, is repealed and the following enacted in its place:

28       §2745-C. Coverage for mastectomy surgery

30           1. Reconstructive surgery. All individual health policies  
32       providing coverage for mastectomy surgery, except those designed  
34       to cover only specific diseases, hospital indemnity or accidental  
36       injury, must provide coverage for reconstruction of the breast on  
38       which surgery has been performed and surgery and reconstruction  
of the other breast to produce a symmetrical appearance if the  
patient elects reconstruction and in the manner chosen by the  
patient and the physician.

40           2. Hospital stay. With respect to managed care plans, all  
42       individual health policies providing coverage for mastectomy  
44       surgery, except those designed to cover only specific diseases,  
46       hospital indemnity or accidental injury, must provide coverage  
for a minimum of 48 hours of in-patient hospital care following  
mastectomy surgery unless the patient and the physician elect a  
shorter hospital stay.

48       Sec. 3. 24-A MRSA §2837-C, as corrected by RR 1995, c. 1,  
§17, is repealed and the following enacted in its place:

50       §2837-C. Coverage for mastectomy surgery

2 1. Reconstructive surgery. All group health policies  
4 providing coverage for mastectomy surgery, except those designed  
6 to cover only specific diseases, hospital indemnity or accidental  
8 injury, must provide coverage for reconstruction of the breast on  
which surgery has been performed and surgery and reconstruction  
of the other breast to produce a symmetrical appearance if the  
patient elects reconstruction and in the manner chosen by the  
patient and the physician.

10 2. Hospital stay. With respect to managed care plans, all  
12 group health policies providing coverage for mastectomy surgery,  
14 except those designed to cover only specific diseases, hospital  
16 indemnity or accidental injury, must provide coverage for a  
minimum of 48 hours of in-patient hospital care following  
mastectomy surgery unless the patient and the physician elect a  
shorter hospital stay.

18 **Sec. 4. 24-A MRS §4237**, as corrected by RR 1995, c. 1, §21,  
20 is repealed and the following enacted in its place:

22 **§4237. Coverage for mastectomy surgery**

24 1. Reconstructive surgery. All individual or group  
26 coverage subject to this chapter that provides for mastectomy  
28 surgery must provide coverage for reconstruction of the breast on  
30 which surgery has been performed and surgery and reconstruction  
of the other breast to produce a symmetrical appearance if the  
patient elects reconstruction and in the manner chosen by the  
patient and the physician.

32 2. Hospital stay. With respect to managed care plans, all  
34 individual or group coverage subject to this chapter that  
36 provides for mastectomy surgery must provide coverage for a  
minimum of 48 hours of in-patient hospital care following  
mastectomy surgery unless the patient and the physician elect a  
shorter hospital stay.

38 **Sec. 5. 24-A MRS §4303, sub-§5** is enacted to read:

40 5. Prohibition on incentives to providers. A carrier  
42 offering a managed care plan may not provide a payment or other  
44 financial incentive to a participating provider for not referring  
enrollees in the managed care plan to a specialist and for not  
disclosing the seriousness of an enrollee's condition.

46 **SUMMARY**

48 This bill requires managed care plan policies and contracts  
50 offered by nonprofit hospital, medical or health plan services

2 organizations, insurers and health maintenance organizations to  
provide in-patient hospital coverage following mastectomy surgery.

4 The bill also prohibits nonprofit hospital, medical or  
6 health plan services organizations, insurers and health  
8 maintenance organizations offering managed care plans from  
providing payments or other financial incentives to participating  
providers for not referring patients to specialists and for not  
disclosing the seriousness of a patient's condition.