

MAINE STATE LEGISLATURE

The following document is provided by the
LAW AND LEGISLATIVE DIGITAL LIBRARY
at the Maine State Law and Legislative Reference Library
<http://legislature.maine.gov/lawlib>



Reproduced from scanned originals with text recognition applied
(searchable text may contain some errors and/or omissions)



118th MAINE LEGISLATURE

FIRST REGULAR SESSION-1997

Legislative Document

No. 839

H.P. 614

House of Representatives, February 6, 1997

An Act to Ensure Reasonable Access to Emergency Medical Services.

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

A handwritten signature in cursive script that reads "Joseph W. Mayo".

JOSEPH W. MAYO, Clerk

Presented by Representative PIEH of Bremen.
Cosponsored by Senator KILKELLY of Lincoln and
Representatives: BRUNO of Raymond, McALEVEY of Waterboro, PENDLETON of
Scarborough, ROWE of Portland, SAXL of Portland, THOMPSON of Naples, Senators:
GOLDTHWAIT of Hancock, MITCHELL of Penobscot.

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

4 **Sec. 1. 24-A MRSA §4303, sub-§§5 to 7 are enacted to read:**

5 **5. Access to emergency services.** Any carrier who covers
6 emergency services may not require prior authorization for
7 emergency services, including a medical screening exam and
8 stabilizing treatment as defined in the United States Social
9 Security Act, Section 1867. Payment for emergency services may
10 only be denied if the carrier determines that the emergency
11 services were never performed. Any prior authorization
12 requirement for medically necessary services arising from such
13 screening exam or stabilizing treatment is deemed to be approved
14 unless a required request is denied within 30 minutes of
15 requesting authorization. "Required request" means any
16 contractual provision by 2 carriers that requires prior
17 authorization for medical services. For purposes of this
18 subsection, "emergency services" means those health care items
19 and services furnished in the emergency department of a hospital
20 and ancillary services routinely available to that department, to
21 the extent that the items and services are required to evaluate
22 and treat an emergency condition until stabilized. "Stabilized"
23 means, with respect to an emergency medical condition, that no
24 material deterioration of the condition is likely, within
25 reasonable medical probability, to result or occur before an
26 individual can be transferred in compliance with requirements of
27 the United States Social Security Act, Section 1867.

28
29 For purposes of this subsection, "emergency medical condition"
30 means a medical condition that manifests itself by symptoms of
31 sufficient severity that would lead a prudent lay person who
32 possesses an average knowledge of health and medicine to
33 reasonably expect the absence of immediate medical attention to
34 result in serious impairment to the enrollee's health.

35 **6. Nonparticipating emergency department.** Any carrier who
36 covers emergency services shall provide coverage for medically
37 necessary emergency services to an enrollee who presents to a
38 nonparticipating emergency department if:

39
40 **A.** Due to circumstances beyond the enrollee's control, the
41 enrollee was unable to arrive at a participating emergency
42 department in a timely fashion without serious impairment to
43 the enrollee's life or health; or

44
45 **B.** The enrollee, acting as a prudent lay person possessing
46 an average knowledge of health and medicine, could
47 reasonably believe that an emergency medical condition, as
48 defined in subsection 5, exists.

2 7. Information. In addition to the requirements of section
3 4302, carriers who cover emergency services shall provide
4 information to enrollees about:

6 A. Coverage for emergency services;

8 B. Appropriate use of emergency services, including use of
9 the 9-1-1 system and any telephone access systems utilized
10 to access prehospital emergency services;

12 C. Any cost-sharing provision of emergency services; and

14 D. The process and procedures for obtaining emergency
15 services so that enrollees are familiar with the location
16 and accountability of other in-plan settings at which the
17 enrollee can receive medical care.

18 **SUMMARY**

20 This bill prohibits insurance carriers from requiring prior
21 authorization for emergency medical services.