

MAINE STATE LEGISLATURE

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MAJORITY
BANKING AND INSURANCE

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STATE OF MAINE
HOUSE OF REPRESENTATIVES
118TH LEGISLATURE
FIRST SPECIAL SESSION

COMMITTEE AMENDMENT "A" to H.P. 1113, L.D. 1556, Bill, "An Act to Establish the Breast Care Patient Protection"

Amend the bill by striking out the title and substituting the following:

'An Act to Establish Breast Cancer Patient Protection'

Further amend the bill by striking out everything after the enacting clause and before the summary and inserting in its place the following:

Sec. 1. 24 MRSA §2320-A, sub-§2, as enacted by PL 1989, c. 875, Pt. I, §2, is repealed and the following enacted in its place:

2. Required coverage. All individual and group nonprofit hospital and medical services plan contracts must provide coverage for screening mammograms performed by providers that meet the standards established by the Department of Human Services rules relating to radiation protection. The policies must reimburse for screening mammograms performed at least once a year for women 40 years of age and over.

Sec. 2. 24 MRSA §2320-C, as corrected by RR 1995, c. 1, §13, is repealed and the following enacted in its place:

§2320-C. Coverage for breast cancer treatment

1. Inpatient care. All individual and group nonprofit hospital and medical services plan contracts providing coverage for medical and surgical benefits must ensure that inpatient coverage with respect to the treatment of breast cancer is

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provided for a period of time determined by the attending physician, in consultation with the patient, to be medically appropriate following a mastectomy, a lumpectomy or a lymph node dissection for the treatment of breast cancer.

Nothing in this subsection may be construed to require the provision of inpatient coverage if the attending physician and patient determine that a shorter period of hospital stay is appropriate.

In implementing the requirements of this subsection, an individual and group nonprofit hospital and medical services plan contract may not modify the terms and conditions of coverage based on the determination by any enrollee to request less than the minimum coverage required under this subsection.

All individual and group nonprofit hospital and medical services plan contracts must provide written notice to each enrollee under the contract regarding the coverage required by this subsection. The notice must be prominently positioned in any literature or correspondence made available or distributed by the plan and must be transmitted in the next mailing made by the plan to the enrollee or as part of any yearly information packet sent to the enrollee, whichever is earlier.

2. Reconstruction. All individual and group nonprofit hospital and medical services plan contracts providing coverage for mastectomy surgery 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.

Sec. 3. 24-A MRSA §2745-A, sub-§2, as amended by PL 1991, c. 156, §1, is repealed and the following enacted in its place:

2. Required coverage. All individual insurance policies that cover radiologic procedures, except those designed to cover only specific diseases, accidental injury or dental procedures, must provide coverage for screening mammograms performed by providers that meet the standards established by the Department of Human Services rules relating to radiation protection. The policies must reimburse for screening mammograms performed at least once a year for women 40 years of age and over.

Sec. 4. 24-A MRSA §2745-C, as corrected by RR 1995, c. 1, §15, is repealed and the following enacted in its place:

§2745-C. Coverage for breast cancer treatment

1. Inpatient care. All individual health policies providing coverage for medical and surgical benefits, except accidental injury, specified disease, hospital indemnity, Medicare supplement, long-term care and other limited benefit health insurance policies and contracts, must ensure that inpatient coverage with respect to the treatment of breast cancer is provided for a period of time determined by the attending physician, in consultation with the patient, to be medically appropriate following a mastectomy, a lumpectomy or a lymph node dissection for the treatment of breast cancer.

Nothing in this subsection may be construed to require the provision of inpatient coverage if the attending physician and patient determine that a shorter period of hospital stay is appropriate.

In implementing the requirements of this subsection, an individual health policy may not modify the terms and conditions of coverage based on the determination by any enrollee to request less than the minimum coverage required under this subsection.

All individual health policies must provide written notice to each enrollee under the contract regarding the coverage required by this subsection. The notice must be prominently positioned in any literature or correspondence made available or distributed by the plan and must be transmitted in the next mailing made by the plan to the enrollee or as part of any yearly information packet sent to the enrollee, whichever is earlier.

2. Reconstruction. All individual health policies providing coverage for mastectomy surgery 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.

Sec. 5. 24-A MRSA §2837-A, sub-§2, as amended by PL 1991, c. 156, §2, is repealed and the following enacted in its place:

2. Required coverage. All group insurance policies that cover radiologic procedures, except those policies that cover only dental procedures, accidental injury or specific diseases, must provide coverage for screening mammograms performed by providers that meet the standards established by the Department of Human Services rules relating to radiation protection. The policies must reimburse for screening mammograms performed at least once a year for women 40 years of age and over.

Sec. 6. 24-A MRSA §2837-C, as corrected by RR 1995, c. 1, §17, is repealed and the following enacted in its place:

2 §2837-C. Coverage for breast cancer treatment

4 1. Inpatient care. All group health policies providing
6 coverage for medical and surgical benefits, except accidental
8 injury, specified disease, hospital indemnity, Medicare
10 supplement, long-term care and other limited benefit health
12 insurance policies and contracts, must ensure that inpatient
14 coverage with respect to the treatment of breast cancer is
16 provided for a period of time determined by the attending
18 physician, in consultation with the patient, to be medically
20 appropriate following a mastectomy, a lumpectomy or a lymph node
22 dissection for the treatment of breast cancer.

24 Nothing in this subsection may be construed to require the
26 provision of inpatient coverage if the attending physician and
28 patient determine that a shorter period of hospital stay is
30 appropriate.

32 In implementing the requirements of this subsection, a group
34 health policy may not modify the terms and conditions of coverage
36 based on the determination by any enrollee to request less than
38 the minimum coverage required under this subsection.

40 All group health policies must provide written notice to each
42 enrollee under the contract regarding the coverage required by
44 this subsection. The notice must be prominently positioned in
46 any literature or correspondence made available or distributed by
48 the plan and must be transmitted in the next mailing made by the
50 plan to the enrollee or as part of any yearly information packet
sent to the enrollee, whichever is earlier.

2. Reconstruction. All group health policies providing
coverage for mastectomy surgery 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.

Sec. 7. 24-A M RSA §4237, as corrected by RR 1995, c. 1, §21,
is repealed and the following enacted in its place:

§4237. Coverage for breast cancer treatment

1. Inpatient care. All individual and group coverage
subject to this chapter that provides coverage for medical and
surgical benefits must ensure that inpatient coverage with
respect to the treatment of breast cancer is provided for a
period of time determined by the attending physician, in
consultation with the patient, to be medically appropriate

following a mastectomy, a lumpectomy or a lymph node dissection for the treatment of breast cancer.

Nothing in this subsection may be construed to require the provision of inpatient coverage if the attending physician and patient determine that a shorter period of hospital stay is appropriate.

In implementing the requirements of this subsection, an individual or group coverage contract may not modify the terms and conditions of coverage based on the determination by any enrollee to request less than the minimum coverage required under this subsection.

All individual and group coverage subject to this subsection must provide written notice to each enrollee under the contract regarding the coverage required by this subsection. The notice must be prominently positioned in any literature or correspondence made available or distributed by the plan and must be transmitted in the next mailing made by the plan to the enrollee or as part of any yearly information packet sent to the enrollee, whichever is earlier.

2. Reconstruction. All individual and group coverage subject to this chapter that provides coverage for mastectomy surgery 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.

Sec. 7. 24-A MRSA § 4237-A is enacted to read:

§4237-A. Screening mammograms

1. Definition. For purposes of this section, "screening mammogram" means a radiologic procedure that is provided to an asymptomatic woman for the purpose of early detection of breast cancer and that consists of 2 radiographic views per breast.

2. Required coverage. All individual and group coverage subject to this chapter must provide coverage for screening mammograms performed by providers that meet the standards established by the Department of Human Services rules relating to radiation protection. The policies must reimburse for screening mammograms performed at least once a year for women 40 years of age and over.

Sec. 8. Application. This Act applies to all policies, contracts and certificates executed, delivered, issued for

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2 delivery, continued or renewed on or after January 1, 1998. For
3 purposes of this Act, all policies, contracts and certificates
4 are deemed to be renewed no later than the next yearly
5 anniversary of the contract date.'

6 Further amend the bill by inserting at the end before the
7 summary the following:

10 **FISCAL NOTE**

12 This bill will not increase the State's costs for employee
13 health insurance because the State's current contract provides
14 this level of coverage.'

16 **SUMMARY**

18 This amendment is the majority report of the Joint Standing
19 Committee on Banking and Insurance. It replaces the bill and
20 requires that medical insurance coverage provide inpatient
21 coverage for a period of time determined by the physician and
22 patient to be medically appropriate following a mastectomy,
23 lumpectomy or a lymph node dissection for treatment of breast
24 cancer.

26 The amendment also requires insurance coverage for annual
27 mammograms for women 40 years of age and over and extends to
28 health maintenance organizations the provisions requiring
29 coverage for annual mammograms.

32 The amendment adds an application provision stating that the
33 bill applies to policies issued or renewed on or after January 1,
34 1998.

36 The amendment also adds a fiscal note to the bill.