

# MAINE STATE LEGISLATURE

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**BANKING AND INSURANCE**

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**STATE OF MAINE  
HOUSE OF REPRESENTATIVES  
119TH LEGISLATURE  
FIRST REGULAR SESSION**

COMMITTEE AMENDMENT "A" to H.P. 617, L.D. 857, Bill, "An Act Concerning Certified Nurse Practitioners and Certified Nurse Midwives as Primary Care Providers"

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

**'An Act to Increase Access to Primary Health Care Services'**

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 §2332-J is enacted to read:

**§2332-J. Coverage for services of certified nurse practitioners; certified nurse midwives**

**1. Required coverage for services upon referral of primary care provider.** A nonprofit hospital or a medical service organization that issues individual and group health care contracts shall provide coverage under those contracts for services performed by a certified nurse practitioner or certified nurse midwife to a patient who is referred to the certified nurse practitioner or certified nurse midwife by a primary care provider when those services are within the lawful scope of practice of the certified nurse practitioner or certified nurse midwife.

**2. Required coverage for self-referred services.** With respect to individual and group health care contracts that do not require the selection of a primary care provider, a nonprofit hospital or medical service organization shall provide coverage

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2 under those contracts for services performed by a certified nurse  
 4 practitioner or certified nurse midwife when those services are  
 6 covered services and when they are within the lawful scope of  
 8 practice of the certified nurse practitioner or certified nurse  
 10 midwife.

12 3. Limits; coinsurance; deductibles. Any contract that  
 14 provides coverage for services under this section may contain  
 16 provisions for maximum benefits and coinsurance and reasonable  
 18 limitations, deductibles and exclusions to the extent that these  
 20 provisions are not inconsistent with the requirements of this  
 22 section.

24 Sec. 2. 24-A MRSA §2756 is enacted to read:

26 §2756. Coverage for services of certified nurse practitioners;  
 28 certified nurse midwives

30 1. Required coverage for services upon referral of primary  
 32 care provider. An insurer that issues individual health  
 34 insurance policies and contracts shall provide coverage under  
 36 those contracts for services performed by a certified nurse  
 38 practitioner or certified nurse midwife to a patient who is  
 40 referred to the certified nurse practitioner or certified nurse  
 42 midwife by a primary care provider when those services are within  
 44 the lawful scope of practice of the certified nurse practitioner  
 46 or certified nurse midwife.

48 2. Required coverage for self-referred services. With  
 50 respect to individual health insurance policies and contracts  
 52 that do not require the selection of a primary care provider, an  
 54 insurer shall provide coverage under those contracts for services  
 56 performed by a certified nurse practitioner or certified nurse  
 58 midwife when those services are covered services and when they  
 60 are within the lawful scope of practice of the certified nurse  
 62 practitioner or certified nurse midwife.

64 3. Limits; coinsurance; deductibles. Any contract that  
 66 provides coverage for services under this section may contain  
 68 provisions for maximum benefits and coinsurance and reasonable  
 70 limitations, deductibles and exclusions to the extent that these  
 72 provisions are not inconsistent with the requirements of this  
 74 section.

76 Sec. 3. 24 MRSA §2847-G is enacted to read:

78 §2847-G. Coverage for services of certified nurse practitioners;  
 80 certified nurse midwives

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1. Required coverage for services upon referral of primary care provider. An insurer that issues group health insurance policies and contracts shall provide coverage under those contracts for services performed by a certified nurse practitioner or certified nurse midwife to a patient who is referred to the certified nurse practitioner or certified nurse midwife by a primary care provider when those services are within the lawful scope of practice of the certified nurse practitioner or certified nurse midwife.

2. Required coverage for self-referred services. With respect to group health insurance policies and contracts that do not require the selection of a primary care provider, an insurer shall provide coverage under those contracts for services performed by a certified nurse practitioner or certified nurse midwife when those services are covered services and when they are within the lawful scope of practice of the certified nurse practitioner or certified nurse midwife.

3. Limits; coinsurance; deductibles. Any contract that provides coverage for services under this section may contain provisions for maximum benefits and coinsurance and reasonable limitations, deductibles and exclusions to the extent that these provisions are not inconsistent with the requirements of this section.

Sec. 4. 24-A MRSA §4245 is enacted to read:

§4245. Coverage for services of certified nurse practitioners; certified nurse midwives

1. Required coverage for services upon referral of primary care provider. A health maintenance organization that issues individual and group health care contracts shall provide coverage under those contracts for services performed by a participating certified nurse practitioner or participating certified nurse midwife to a patient who is referred to the participating certified nurse practitioner or participating certified nurse midwife by a primary care provider when those services are within the lawful scope of practice of the participating certified nurse practitioner or participating certified nurse midwife.

2. Required coverage for self-referred services. With respect to individual and group health care contracts that do not require the selection of a primary care provider, a health maintenance organization shall provide coverage under those contracts for services performed by a participating certified nurse practitioner or participating certified nurse midwife when those services are covered services and when they are within the

2 lawful scope of practice of the participating certified nurse  
 3 practitioner or participating certified nurse midwife.

4 3. Limits; coinsurance; deductibles. Any contract that  
 5 provides coverage for services under this section may contain  
 6 provisions for maximum benefits and coinsurance and reasonable  
 7 limitations, deductibles and exclusions to the extent that these  
 8 provisions are not inconsistent with the requirements of this  
 9 section.

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

11 **5. Identification of services provided by certified nurse**  
 12 **practitioners and certified nurse midwives. All claims for**  
 13 **coverage of services provided by certified nurse practitioners**  
 14 **and certified nurse midwives must identify the certified nurse**  
 15 **practitioners and certified nurse midwives who provided those**  
 16 **services. A carrier offering a health plan in this State shall**  
 17 **assign identification numbers or codes to certified nurse**  
 18 **practitioners and certified nurse midwives who provide covered**  
 19 **services for enrollees covered under that plan. A claim**  
 20 **submitted for payment to a carrier by a health care provider or**  
 21 **facility must include the identification number or code of the**  
 22 **certified nurse practitioner or certified nurse midwife who**  
 23 **provided the service and may not be submitted using the**  
 24 **identification number or code of a physician or other health care**  
 25 **provider who did not provide the covered service.**

26 **Sec. 6. 24-A MRSA §4306, as enacted by PL 1995, c. 673, Pt.**  
 27 **C, §1 and affected by §2, is amended to read:**

28 **§4306. Enrollee choice of primary care physician**

29 **A carrier offering a managed care plan shall allow enrollees**  
 30 **to choose their own primary care physicians providers, as allowed**  
 31 **under the managed care plan's rules, from among the panel of**  
 32 **participating providers made available to enrollees under the**  
 33 **managed care plan's rules. A carrier shall allow physicians, and**  
 34 **certified nurse practitioners who have been approved by the State**  
 35 **Board of Nursing to practice advanced practice registered nursing**  
 36 **without the supervision of a physician pursuant to Title 32,**  
 37 **section 2102, subsection 2-A, to serve as primary care providers**  
 38 **for managed care plans. A carrier is not required to contract**  
 39 **with certified nurse practitioners or physicians as primary care**  
 40 **providers in any manner that exceeds the access and provider**  
 41 **network standards required in this chapter or chapter 56-A, or**  
 42 **any rules adopted pursuant to those chapters. A managed care**  
 43 **plan must allow enrollees to change primary care physicians**  
 44 **providers without good cause at least once annually and to change**  
 45 **with good cause as necessary. When an enrollee fails to choose a**  
 46 **primary care provider, the carrier shall assign a primary care**  
 47 **provider for the enrollee.**

primary care physieian provider, the managed care plan may assign the enrollee a primary care physieian provider located in the same geographic area in which the enrollee resides.

**Sec. 7. Application.** The requirements of this Act apply to all policies, contracts and certificates executed, delivered, issued for delivery, continued or renewed in this State on or after March 1, 2000. For purposes of this Act, all contracts are deemed to be renewed no later than the next yearly anniversary of the contract date.'

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

**FISCAL NOTE**

This mandated benefit will not appreciably increase the costs of the state employee health insurance plan and the amounts paid for the State's share of retired teachers' health insurance.

The Bureau of Insurance within the Department of Professional and Financial Regulation will incur some minor additional costs to review additional contract filings for compliance. These costs can be absorbed within the bureau's existing budgeted resources.'

**SUMMARY**

This amendment replaces the bill. The amendment requires that certified nurse practitioners be permitted to serve as primary care providers in managed care plans if the certified nurse practitioner is approved by the State Board of Nursing to practice advanced practice registered nursing without the supervision of a physician and meets the managed care plan's credentialing standards. The amendment clarifies that carriers are not required to credential nurse practitioners or physicians as primary care providers if their existing network of providers meets the access and provider network standards adopted by the Bureau of Insurance. The amendment also requires that carriers provide coverage for the services of certified nurse practitioners and certified nurse midwives provided to individuals referred by a primary care provider. The amendment also clarifies that carriers must provide coverage for the services of certified nurse practitioners and certified nurse midwives in indemnity or other health insurance plans that do not require the selection of a primary care provider when those services are covered services and when they are within the lawful scope of practice of the certified nurse practitioner or

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2 certified nurse midwife. The amendment requires that carriers  
assign identification numbers or codes to certified nurse  
4 practitioners and certified nurse midwives who provide services  
covered by the carrier's health plans. The amendment adds an  
6 application date of March 1, 2000. The amendment also adds a  
fiscal note.

**COMMITTEE AMENDMENT**