

MAINE STATE LEGISLATURE

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119th MAINE LEGISLATURE

FIRST REGULAR SESSION-1999

Legislative Document

No. 991

S.P. 337

In Senate, February 4, 1999

An Act to Require Coverage for Services Performed by Certified Nurse Practitioners and Certified Nurse Midwives to Patients Referred by Primary Care Providers.

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

A handwritten signature in cursive script that reads "Joy J. O'Brien".

JOY J. O'BRIEN
Secretary of the Senate

Presented by Senator GOLDTHWAIT of Hancock.
Cosponsored by Senators: PENDLETON of Cumberland, PINGREE of Knox, RAND of Cumberland, Representatives: CAMERON of Rumford, COLWELL of Gardiner, MADORE of Augusta.

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

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Sec. 1. 24 MRSA §2332-J is enacted to read:

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

1. Required coverage for services upon referral of primary care provider. Notwithstanding any other provisions of this chapter, a nonprofit hospital or 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. Limits; coinsurance; deductibles. Any contract that provides coverage for the services required by 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.

3. Report to superintendent. A nonprofit hospital or medical service organization subject to this section shall report its experience for each calendar year to the superintendent not later than April 30th of the following year. The report must be in a form prescribed by the superintendent and include the amount of claims paid in this State for the services required by this section and the total amount of claims paid in this State for individual and group health care contracts. The superintendent shall compile this data for all nonprofit hospital or medical service organizations in an annual report.

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

§2756. Coverage for services of certified nurse practitioners and certified nurse midwives

1. Required coverage for services upon referral of primary care provider. Notwithstanding any other provisions of this chapter, an insurer that issues individual 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

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

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

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11 3. Report to superintendent. An insurer subject to this
12 section shall report its experience for each calendar year to the
13 superintendent not later than April 30th of the following year.
14 The report must be in a form prescribed by the superintendent and
15 include the amount of claims paid in this State for the services
16 required by this section and the total amount of claims paid in
17 this State for individual health insurance policies and
18 contracts. The superintendent shall compile this data for all
19 insurers in an annual report.

20
21 **Sec. 3. 24-A MRSA §2847-G is enacted to read:**

22 **§2847-G. Coverage for services of certified nurse practitioners**
23 **and certified nurse midwives**

24
25 1. Required coverage for services upon referral of primary
26 care provider. Notwithstanding any other provisions of this
27 chapter, an insurer that issues group health insurance policies
28 and contracts shall provide coverage under those contracts for
29 services performed by a certified nurse practitioner or certified
30 nurse midwife to a patient who is referred to the certified nurse
31 practitioner or certified nurse midwife by a primary care
32 provider when those services are within the lawful scope of
33 practice of the certified nurse practitioner or certified nurse
34 midwife.

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36 2. Limits: coinsurance; deductibles. Any policy, contract
37 or certificate that provides coverage for the services required
38 by this section may contain provisions for maximum benefits and
39 coinsurance and reasonable limitations, deductibles and
40 exclusions to the extent that these provisions are not
41 inconsistent with the requirements of this section.

42
43 3. Report to superintendent. An insurer subject to this
44 section shall report its experience for each calendar year to the
45 superintendent not later than April 30th of the following year.
46 The report must be in a form prescribed by the superintendent and
47 include the amount of claims paid in this State for the services
48 required by this section and the total amount of claims paid in
49 this State for group health insurance policies, contracts and
50

2 certificates. The superintendent shall compile this data for all
3 insurers in an annual report.

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

6 **§4245. Coverage for services of certified nurse practitioners**
7 **and certified nurse midwives**

8
9 **1. Required coverage for services upon referral of primary**
10 **care provider. Notwithstanding any other provisions of this**
11 **chapter, a health maintenance organization that issues individual**
12 **and group health care contracts shall provide coverage under**
13 **those contracts for services performed by a certified nurse**
14 **practitioner or certified nurse midwife to a patient who is**
15 **referred to the certified nurse practitioner or certified nurse**
16 **midwife by a primary care provider when those services are within**
17 **the lawful scope of practice of the certified nurse practitioner**
18 **or certified nurse midwife.**

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20 **2. Limits; coinsurance; deductibles. Any contract that**
21 **provides coverage for the services required by this section may**
22 **contain provisions for maximum benefits and coinsurance and**
23 **reasonable limitations, deductibles and exclusions to the extent**
24 **that these provisions are not inconsistent with the requirements**
25 **of this section.**

26
27 **3. Report to superintendent. A health maintenance**
28 **organization subject to this section shall report its experience**
29 **for each calendar year to the superintendent not later than April**
30 **30th of the following year. The report must be in a form**
31 **prescribed by the superintendent and include the amount of claims**
32 **paid in this State for the services required by this section and**
33 **the total amount of claims paid in this State for individual and**
34 **group health care contracts. The superintendent shall compile**
35 **this data for all health maintenance organizations in an annual**
36 **report.**

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39 **SUMMARY**

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41 This bill requires that nonprofit hospital and medical
42 service organizations, health insurers and health maintenance
43 organizations provide coverage for services performed by
44 certified nurse practitioners or certified nurse midwives to
patients who are referred by a primary care provider.