



119th MAINE LEGISLATURE

FIRST REGULAR SESSION-1999

Legislative Document

No. 1525

H.P. 1078

House of Representatives, February 25, 1999

An Act to Improve Medical Support for Children.

Submitted by the Department of Human Services pursuant to Joint Rule 204. Reference to the Committee on Health and Human Services suggested and ordered printed.

GOSEPH W. MAYO, Clerk

Presented by Representative FULLER of Manchester. Cosponsored by Representative BRUNO of Raymond.

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

Sec. 1. 19-A MRSA §2106, sub-§6 is enacted to read:

6. Custodial parent's choice. If a child is enrolled under
this section, the employer shall accept the custodial parent's choice of a primary care provider for that child even if the
8 custodial parent is not the insurance certificate holder, owner or subscriber. If the parents have equal or joint custody of the
10 child enrolled under this section, the parent who is the covered employee shall choose the child's primary care provider.

Sec. 2. 22 MRSA §16-A is enacted to read:

§16-A. Provision of list of persons covered

16

12

14

2

4

Upon request by the department, a nonprofit hospital or medical service organization authorized under Title 24 or an insurer authorized under Title 24-A shall provide to the department a list of persons who have health insurance coverage with that organization or insurer. The information must be transmitted promptly in response to the department's request and must be provided in a manner that allows the department's electronic identification of former or current Medicaid recipients who have health insurance coverage. 26

Sec. 3. 24-A MRSA §2742, sub-§5, as amended by PL 1997, c. 28 795, §8, is further amended to read:

30 5. Compliance. An insurer issuing policies under this chapter must comply with 42 United States Code, Section 1396q-1. If a parent is required by a court or administrative order to 32 provide health coverage for a child and the parent is eligible 34 for family health coverage through an insurer, the insurer shall permit either of the child's parents or the Department of Human 36 Services to enroll the child under the family coverage without regard to any enrollment season restrictions if the child is 38 otherwise eligible for the coverage. An insurer must provide policy information to the custodial parent of any dependent child 40 so that the custodial parent can obtain benefits for the child directly from the insurer. An insurer must permit the custodial 42 parent of any dependent child to submit claims for covered services without the approval of the noncustodial parent. If the custodial parent approves, an insurer must permit the provider to 44 submit claims for covered services without the approval of the 46 noncustodial parent. An insurer shall make payment on claims submitted under this section directly to the custodial parent or, 48 if the custodial parent approves, to the provider.

- 2 If a parent is required by court or administrative order to provide health coverage for a child and if the child is a 4 Medicaid recipient, an insurer shall permit either the custodial parent or the Department of Human Services to request and receive 6 prior authorization for medical services when prior authorization is required to maximize the type and scope of benefits available 8 to the child.
- 10 Sec. 4. 39-A MRSA §106, as amended by PL 1995, c. 694, Pt. D, §63 and affected by Pt. E, §2, is further amended to read:
- 12

14

28

§106. Invalidity of waiver of rights; claims not assignable

16 No agreement by an employee, unless approved by the board or by the Commissioner of Labor, to waive the employee's rights to compensation under this Act is valid. No claims for compensation 18 under this Act are assignable or subject to attachment or liable 20 in any way for debt, except for the enforcement of a current support obligation or support arrears pursuant to Title 19-A, 22 chapter 65, subchapter II, article 3 or Title 19-A, chapter 65, subchapter III, or for reimbursement of general assistance 24 pursuant to Title 22, section 4318, or for reimbursement of Medicaid pursuant to Title 22, sections 14 or 18. 26

SUMMARY

30 This bill enacts procedures and methodologies for the Department of Human Services to maximize the use of available 32 medical coverage, enhance the federal mandate that Medicaid be the payer of last resort and require pertinent organizations or 34 insurers to electronically identify in a manner requested by the department former or current Medicaid recipients who have health 36 insurance coverage.