

# MAINE STATE LEGISLATURE

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M  
R.S.

L.D. 1353

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DATE: 1-29-04

(Filing No. H-648)

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8  
**INSURANCE AND FINANCIAL SERVICES**

10 Reproduced and distributed under the direction of the Clerk of  
12 the House.

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**STATE OF MAINE  
HOUSE OF REPRESENTATIVES  
121ST LEGISLATURE  
SECOND REGULAR SESSION**

18  
20 COMMITTEE AMENDMENT "A" to H.P. 995, L.D. 1353, Bill, "An  
Act To Ensure Women's Health Care Coverage for All Maine Women"

22 Amend the bill in the emergency preamble in the 2nd  
24 paragraph in the 3rd line (page 1, line 7 in L.D.) by striking  
out the following: "2003" and inserting in its place the  
following: '2004'

26  
28 Further amend the bill by striking out all of Parts A to D  
and inserting in their place the following:

30  
**PART A**

32  
34 **Sec. A-1. 24 MRSA §2319, first ¶,** as amended by PL 1995, c.  
332, Pt. N, §1, is further amended to read:

36 All individual and group nonprofit hospital and medical  
38 service organization contracts and certificates must provide that  
benefits are payable with respect to a newly born child from the  
moment of birth.

40  
42 **Sec. A-2. 24 MRSA §2320-E,** as enacted by PL 1995, c. 617, §1  
and affected by §6, is amended to read:

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**§2320-E. Coverage for Pap tests**

2 All group nonprofit medical service plan contracts and  
4 certificates and all nonprofit health care plan contracts and  
6 certificates must provide coverage for screening Pap tests  
recommended by a physician.

8 **Sec. A-3. 24 MRSA §2332-F, first ¶**, as enacted by PL 1995, c.  
10 592, §1, is amended to read:

12 All individual and group nonprofit hospital and medical  
14 services plan policies and, contracts and certificates and all  
16 nonprofit health care plan policies and, contracts and  
18 certificates must provide coverage for the medically appropriate  
and necessary equipment, limited to insulin, oral hypoglycemic  
agents, monitors, test strips, syringes and lancets, and the  
out-patient self-management training and educational services  
used to treat diabetes, if:

20 **Sec. A-4. 24 MRSA §2332-G, sub-§§1 and 2**, as reallocated by RR  
22 1995, c. 2, §49 and affected by §50, are amended to read:

24 **1. Coverage in managed care plans.** With respect to managed  
26 care plans that require subscribers to select primary care  
physicians, a nonprofit hospital and medical service organization  
that issues group contracts and certificates must meet the  
following requirements.

28 A. The organization must permit a physician who specializes  
30 in obstetrics and gynecology to serve as a primary care  
physician if the physician qualifies under the  
32 organization's credentialing policy.

34 B. All group plan contracts must provide coverage for an  
36 annual gynecological examination, including routine pelvic  
and clinical breast examinations, performed by a physician,  
38 certified nurse practitioner or certified nurse midwife  
participating in the plan, without requiring the prior  
approval of the primary care physician.

40 C. If the examination specified in paragraph B reveals a  
42 gynecological condition for which another visit to the  
physician participating in the plan is medically required  
44 and appropriate, or for any gynecological care beyond the  
annual examination, the carrier may require the patient or  
46 the examining physician, certified nurse practitioner or  
certified nurse midwife to secure from the patient's primary  
48 care physician a referral to the participating physician,  
certified nurse practitioner or certified nurse midwife from  
50 whom such care may be obtained.

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2           **2. Application.** This section applies to all contracts and  
certificates executed, delivered, issued for delivery, continued  
4 or renewed in this State ~~on or after January 1, 1997.~~ For  
purposes of this section, all contracts are deemed to be renewed  
6 no later than the next yearly anniversary of the contract date.

8           **Sec. A-5. 24-A MRSA §2834, first ¶,** as amended by PL 1995, c.  
332, Pt. N, §3, is further amended to read:

10           All group and blanket health insurance policies and  
12 certificates providing coverage on an ~~expense---~~~~incurred~~  
expense-incurred basis must provide that health insurance  
14 benefits are payable for a newly born child of the insured or  
subscriber from the moment of birth. An adopted child is deemed  
16 to be newly born to the adoptive parents from the date of the  
signed placement agreement. Preexisting conditions of an adopted  
18 child may not be excluded from coverage.

20           **Sec. A-6. 24-A MRSA §2834, last ¶,** as amended by PL 1997, c.  
604, Pt. C, §3, is further amended to read:

22           The requirements of this section apply to all policies and  
24 certificates delivered or issued for delivery in this State ~~more~~  
~~than 120 days after the effective date of this Act.~~

26           **Sec. A-7. 24-A MRSA §2837-E,** as enacted by PL 1995, c. 617,  
28 §3 and affected by §6, is amended to read:

30           **§2837-E. Coverage for Pap tests**

32           All group health insurance policies and contracts, ~~except~~  
~~accidental---~~~~injury---~~~~specified---~~~~disease---~~~~hospital---~~~~indemnity,~~  
34 ~~Medicare---~~~~supplement---~~~~long term care---~~~~and other limited benefit~~  
~~health insurance policies and contracts,~~ and certificates must  
36 provide coverage for screening Pap tests recommended by a  
physician.

38           **Sec. A-8. 24-A MRSA §2847-E,** as enacted by PL 1995, c. 592,  
40 §3, is amended to read:

42           **§2847-E. Coverage for diabetes supplies**

44           All group insurance policies and contracts, ~~except~~  
~~accidental---~~~~injury---~~~~specified---~~~~disease---~~~~hospital---~~~~indemnity,~~  
46 ~~Medicare---~~~~supplement---~~~~long term care---~~~~and other limited benefit~~  
~~health insurance policies and contracts,~~ and certificates must  
48 provide coverage for the medically appropriate and necessary  
equipment, limited to insulin, oral hypoglycemic agents,  
50 monitors, test strips, syringes and lancets, and the out-patient

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self-management training and educational services used to treat diabetes, if:

1. **Certification of medical necessity.** The insured's treating physician or a physician who specializes in the treatment of diabetes certifies that the equipment and services are necessary; and

2. **Provision of medical services.** The diabetes out-patient self-management training and educational services are provided through ambulatory diabetes education facilities authorized by the State's Diabetes Control Project within the Bureau of Health.

The requirements of this section apply to all group policies, contracts and certificates executed, delivered, issued for delivery, continued or renewed in this State. For purposes of this section, all contracts are deemed to be renewed no later than the next yearly anniversary of the contract date.

**Sec. A-9. 24-A MRSA §2847-F, sub-§§1 and 2,** as reallocated by PL 1997, c. 370, Pt. H, §1, are amended to read:

1. **Coverage in managed care plans.** With respect to managed care plans that require group members to select primary care physicians, an insurer that issues group health insurance policies and contracts and certificates must meet the following requirements.

A. The insurer must permit a physician who specializes in obstetrics and gynecology to serve as a primary care physician if the physician qualifies under the insurer's credentialing policy.

B. All group plan contracts must provide coverage for an annual gynecological examination, including routine pelvic and clinical breast examinations, performed by a physician, certified nurse practitioner or certified nurse midwife participating in the plan, without requiring the prior approval of the primary care physician.

C. If the examination specified in paragraph B reveals a gynecological condition for which another visit to the physician participating in the plan is medically required and appropriate, or for any gynecological care beyond the annual examination, the carrier may require the patient or the examining physician, certified nurse practitioner or certified nurse midwife to secure from the patient's primary care physician a referral to the participating physician, certified nurse practitioner or certified nurse midwife from whom such care may be obtained.

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2           **2. Application.** This section applies to all policies and  
contracts and certificates executed, delivered, issued for  
4 delivery, continued or renewed in this State ~~on or after January~~  
~~1, 1997~~. For purposes of this section, all contracts are deemed  
6 to be renewed no later than the next yearly anniversary of the  
contract date.

8           **Sec. A-10. 24-A MRSA §4240**, as enacted by PL 1995, c. 592,  
10 §4, is amended to read:

12           **§4240. Coverage for diabetes supplies**

14           All health maintenance organization individual and group  
health contracts and certificates must provide coverage for the  
16 medically appropriate and necessary equipment, limited to  
insulin, oral hypoglycemic agents, monitors, test strips,  
18 syringes and lancets, and the out-patient self-management  
training and educational services used to treat diabetes, if:

20           **1. Certification of medical necessity.** The enrollee's  
22 treating physician or a physician who specializes in the  
treatment of diabetes certifies that the equipment and services  
24 are necessary; and

26           **2. Provision of medical services.** The diabetes out-patient  
self-management training and educational services are provided  
28 through ambulatory diabetes education facilities authorized by  
the State's Diabetes Control Project within the Bureau of Health.

30           The requirements of this section apply to all group  
32 policies, contracts and certificates executed, delivered, issued  
for delivery, continued or renewed in this State. For purposes  
34 of this section, all contracts are deemed to be renewed no later  
than the next yearly anniversary of the contract date.

36           **Sec. A-11. 24-A MRSA §4241, sub-§§1 and 2**, as enacted by PL  
38 1995, c. 617, §5 and affected by §6, are amended to read:

40           **1. Coverage in managed care plans.** With respect to managed  
care plans that require enrollees to select primary care  
42 physicians, a health maintenance organization that issues group  
policies and contracts and certificates must meet the following  
44 requirements.

46           A. The health maintenance organization must permit a  
physician who specializes in obstetrics and gynecology to  
48 serve as a primary care physician if the physician qualifies  
under the organization's credentialing policy.

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2 B. All group plan contracts must provide coverage for an  
3 annual gynecological examination, including routine pelvic  
4 and clinical breast examinations, performed by a physician,  
5 certified nurse practitioner or certified nurse midwife  
6 participating in the plan, without requiring the prior  
7 approval of the primary care physician.

8 C. If the examination specified in paragraph B reveals a  
9 gynecological condition for which another visit to the  
10 physician participating in the plan is medically required  
11 and appropriate, or for any gynecological care beyond the  
12 annual examination, the carrier may require the patient or  
13 the examining physician, certified nurse practitioner or  
14 certified nurse midwife to secure from the patient's primary  
15 care physician a referral to the participating physician,  
16 certified nurse practitioner or certified nurse midwife from  
17 whom such care may be obtained.

18  
19 2. **Application.** This section applies to all policies and,  
20 contracts and certificates executed, delivered, issued for  
21 delivery, continued or renewed in this State ~~on or after January~~  
22 ~~1, 1997~~. For purposes of this section, all contracts are deemed  
23 to be renewed no later than the next yearly anniversary of the  
24 contract date.

25 **Sec. A-12. 24-A MRSA §4242**, as reallocated by RR 1995, c. 2,  
26 §53, is amended to read:

27 **§4242. Coverage for Pap tests**

28  
29 All health maintenance organization plan contracts and  
30 certificates must provide coverage for screening Pap tests  
31 recommended by a physician.

32  
33 **Sec. A-13. Application.** This Part applies to all policies,  
34 contracts and certificates executed, delivered, issued for  
35 delivery, continued or renewed in this State on or after July 1,  
36 2004. For purposes of this Part, all contracts are deemed to be  
37 renewed no later than the next yearly anniversary of the contract  
38 date.

39  
40  
41 **PART B**

42  
43 **Sec. B-1. 24 MRSA §2318, sub-§6** is enacted to read:

44  
45 **6. Application.** The requirements of this section apply to  
46 all policies, contracts and certificates executed, delivered,  
47 issued for delivery, continued or renewed in this State. For  
48 purposes of this section, all contracts are deemed to be renewed  
49 no later than the next yearly anniversary of the contract date.

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2           **Sec. B-2. 24 MRSA §2318-A**, as amended by PL 2001, c. 258, Pt.  
A, §1, is further amended to read:

4  
6           **§2318-A. Maternity and routine newborn care**

8           A nonprofit hospital or medical service organization that  
issues individual and group contracts and certificates providing  
maternity benefits, including benefits for childbirth, shall  
10 provide coverage for services related to maternity and routine  
newborn care, including coverage for hospital stay, in accordance  
12 with the attending physician's or attending certified nurse  
midwife's determination in conjunction with the mother that the  
14 mother and newborn meet the criteria outlined in the "Guidelines  
for Perinatal Care," published by the American Academy of  
16 Pediatrics and the American College of Obstetrics and  
Gynecology. For the purposes of this section, "routine newborn  
18 care" does not include any services provided after the mother has  
been discharged from the hospital. For the purposes of this  
20 section, "attending physician" includes the obstetrician,  
pediatrician or other physician attending the mother and  
22 newborn. Benefits for routine newborn care required by this  
section are part of the mother's benefit. The mother and the  
24 newborn are treated as one person in calculating the deductible,  
coinsurance and copayments for coverage required by this section.

26           **Sec. B-3. 24 MRSA §2320-A, sub-§3**, as enacted by PL 1989, c.  
28 875, Pt. I, §2, is amended to read:

30           **3. Application.** This section applies to all policies,  
contracts and certificates executed, delivered, issued for  
32 delivery, continued or renewed in this State ~~on or after March 1,~~  
~~1991.~~ For purposes of this section, all contracts are deemed to  
34 be renewed no later than the next yearly anniversary of the  
contract date.

36           **Sec. B-4. 24 MRSA §2320-B**, as amended by PL 1995, c. 671, §8,  
38 is further amended to read:

40           **§2320-B. Acupuncture services**

42           All individual and group nonprofit medical services plan  
contracts and certificates and all nonprofit health care plan  
44 contracts and certificates providing coverage for acupuncture  
must provide coverage for those services when performed by an  
46 acupuncturist licensed pursuant to Title 32, chapter 113-B,  
subchapter ~~II~~ 2, under the same conditions that apply to the  
48 services of a licensed physician.

50           **Sec. B-5. 24 MRSA §2320-C, sub-§3** is enacted to read:



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2           3. Application. The requirements of this section apply to  
3           all policies, contracts and certificates executed, delivered,  
4           issued for delivery, continued or renewed in this State. For  
5           purposes of this section, all contracts are deemed to be renewed  
6           no later than the next yearly anniversary of the contract date.

8           **Sec. B-6. 24 MRSA §2325-A, sub-§10** is enacted to read:

10           10. Application. Except as otherwise provided in this  
11           section, the requirements of this section apply to all policies,  
12           contracts and certificates executed, delivered, issued for  
13           delivery, continued or renewed in this State. For purposes of  
14           this section, all contracts are deemed to be renewed no later  
15           than the next yearly anniversary of the contract date.

16           **Sec. B-7. 24 MRSA §2332-J, sub-§3** is enacted to read:

18           3. Application. The requirements of this section apply to  
19           all policies, contracts and certificates executed, delivered,  
20           issued for delivery, continued or renewed in this State. For  
21           purposes of this section, all contracts are deemed to be renewed  
22           no later than the next yearly anniversary of the contract date.

24           **Sec. B-8. 24 MRSA §2332-K, sub-§4** is enacted to read:

26           4. Application. The requirements of this section apply to  
27           all policies, contracts and certificates executed, delivered,  
28           issued for delivery, continued or renewed in this State. For  
29           purposes of this section, all contracts are deemed to be renewed  
30           no later than the next yearly anniversary of the contract date.

32           **Sec. B-9. 24 MRSA §2332-L, sub-§5** is enacted to read:

34           5. Application. The requirements of this section apply to  
35           all policies, contracts and certificates executed, delivered,  
36           issued for delivery, continued or renewed in this State. For  
37           purposes of this section, all contracts are deemed to be renewed  
38           no later than the next yearly anniversary of the contract date.

40           **Sec. B-10. 24 MRSA §2332-M, sub-§6** is enacted to read:

42           6. Application. The requirements of this section apply to  
43           all policies, contracts and certificates executed, delivered,  
44           issued for delivery, continued or renewed in this State. For  
45           purposes of this section, all contracts are deemed to be renewed  
46           no later than the next yearly anniversary of the contract date.

48           **Sec. B-11. 24-A MRSA §2832**, as amended by PL 1979, c. 663,  
49           §146, is further amended to read:

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2     **§2832. Maternity benefits for unmarried women certificate**  
3     **holders and the minor dependents of certificate**  
4     **holders with dependent or family coverage required**

6             All group or blanket health insurance policies ~~and plans,~~  
7     contracts and certificates shall provide the same maternity  
8     benefits for unmarried women certificate holders, and the minor  
9     dependents of certificate holders with dependent or family  
10    coverage, as is provided married certificate holders with  
11    maternity coverage and the wives of certificate holders with  
12    maternity coverage. This requirement ~~shall apply~~ applies to all  
13    group or blanket insurance written or renewed after the effective  
14    date of this Act, and ~~shall include~~ includes, but is not be  
15    limited to, all types and forms of group insurance issued by  
16    individual companies or corporations.

18            **Sec. B-12. 24-A MRSA §2834-A**, as amended by PL 2001, c. 258,  
19    Pt. A, §3, is further amended to read:

20     **§2834-A. Maternity and routine newborn care**

22            An insurer that issues group contracts and certificates  
23    providing maternity benefits, including benefits for childbirth,  
24    shall provide coverage for services related to maternity and  
25    routine newborn care, including coverage for hospital stay, in  
26    accordance with the attending physician's or attending certified  
27    nurse midwife's determination in conjunction with the mother that  
28    the mother and newborn meet the criteria outlined in the  
29    "Guidelines for Perinatal Care," published by the American  
30    Academy of Pediatrics and the American College of Obstetrics and  
31    Gynecology. For the purposes of this section, "routine newborn  
32    care" does not include any services provided after the mother has  
33    been discharged from the hospital. For the purposes of this  
34    section, "attending physician" includes the obstetrician,  
35    pediatrician or other physician attending the mother and  
36    newborn. Benefits for routine newborn care required by this  
37    section are part of the mother's benefit. The mother and the  
38    newborn are treated as one person in calculating the deductible,  
39    coinsurance and copayments for coverage required by this section.

42            **Sec. B-13. 24-A MRSA §2835, sub-§§1 and 3**, as amended by PL  
43    2003, c. 65, §2 and affected by §5, are further amended to read:

44            1. Notwithstanding any provision of a health insurance  
45    policy or certificate issued under a group policy subject to this  
46    chapter, whenever the policy provides for payment or  
47    reimbursement for services that are within the lawful scope of  
48    practice of a psychologist licensed to practice in this State; a  
49    certified social worker licensed for the independent practice of  
50

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2 social work in this State who has at least a masters degree in  
 3 social work from an accredited educational institution, has been  
 4 employed in social work for at least 2 years, and who, after  
 5 January 1, 1985, must be licensed as a clinical social worker in  
 6 this State; a licensed clinical professional counselor licensed  
 7 for the independent practice of counseling who has at least a  
 8 masters degree in counseling from an accredited educational  
 9 institution, has been employed in counseling for at least 2 years  
 10 and, after January 1, 2002, must be licensed as a clinical  
 11 professional counselor in this State; or a licensed nurse who is  
 12 certified by the American Nurses' Association as a clinical  
 13 specialist in adult psychiatric and mental health nursing or as a  
 14 clinical specialist in child and adolescent psychiatric and  
 15 mental health nursing, any person covered by the policy is  
 16 entitled to reimbursement for these services if the services are  
 17 performed by a physician; a psychologist licensed to practice in  
 18 this State; a certified social worker licensed for independent  
 19 practice in this State who has at least a masters degree in  
 20 social work from an accredited educational institution, who has  
 21 been employed in social work for at least 2 years, and who, after  
 22 January 1, 1985, must be licensed as a clinical social worker in  
 23 this State; a licensed clinical professional counselor licensed  
 24 for the independent practice of counseling who has at least a  
 25 masters degree in counseling from an accredited educational  
 26 institution, has been employed in counseling for at least 2 years  
 27 and, after January 1, 2002, must be licensed as a clinical  
 28 professional counselor in this State; or a licensed nurse  
 29 certified by the American Nurses' Association as a clinical  
 30 specialist in adult or child and adolescent psychiatric and  
 31 mental health nursing. Payment or reimbursement for services  
 32 rendered by clinical social workers licensed in this State,  
 33 licensed clinical professional counselors licensed in this State  
 34 or licensed nurses certified by the American Nurses' Association  
 35 as clinical specialists in adult or child and adolescent  
 36 psychiatric and mental health nursing may not be conditioned upon  
 37 prior diagnosis or referral by a physician or other health care  
 38 professional, except in cases where diagnosis of the condition  
 39 for which the services are rendered is beyond the scope of their  
 40 licensure.

41 **3. Mental health services provided by counseling**  
 42 **professionals.** Except as provided in subsection 1 with regard to  
 43 reimbursement of clinical professional counselors licensed in  
 44 this State, an insurer that issues group health care contracts  
 45 providing coverage for mental health services shall make  
 46 available coverage for those services when performed by a  
 47 counseling professional who is licensed by the State pursuant to  
 48 Title 32, chapter 119 to assess and treat interpersonal and  
 49 intrapersonal problems, has at least a masters degree in  
 50 counseling or a related field from an accredited educational

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1 institution and has been employed as a counselor for at least 2  
2 years. Any contract providing coverage for the services of  
3 counseling professionals pursuant to this section may be subject  
4 to any reasonable limitations, maximum benefits, coinsurance,  
5 deductibles or exclusion provisions applicable to overall  
6 benefits under the contract. This subsection applies to all  
7 policies, contracts and certificates executed, delivered, issued  
8 for delivery, continued or renewed in this State ~~on-or-after~~  
9 January-1,-1997. For purposes of this subsection, all contracts  
10 are deemed renewed no later than the next yearly anniversary of  
11 the contract date.

12  
13 **Sec. B-14. 24-A MRSA §2837-B**, as amended by PL 1995, c. 671,  
14 §10, is further amended to read:

15 **§2837-B. Acupuncture services**

16  
17 All group insurance policies and certificates providing  
18 coverage for acupuncture must provide coverage for those services  
19 when performed by an acupuncturist licensed pursuant to Title 32,  
20 chapter 113-B, subchapter II 2, under the same conditions that  
21 apply to the services of a licensed physician.

22  
23 **Sec. B-15. 24-A MRSA §2837-C, sub-§3** is enacted to read:

24  
25 **3. Application.** The requirements of this section apply to  
26 all group policies, contracts and certificates executed,  
27 delivered, issued for delivery, continued or renewed in this  
28 State. For purposes of this section, all contracts are deemed to  
29 be renewed no later than the next yearly anniversary of the  
30 contract date.

31  
32 **Sec. B-16. 24-A MRSA §2843, sub-§8**, as repealed and replaced  
33 by PL 1995, c. 407, §9, is amended to read:

34  
35 **8. Application.** This section does not apply to accidental  
36 injury, specified disease, hospital indemnity, Medicare  
37 supplement, long-term care or other limited benefit health  
38 insurance policies. Except as otherwise provided in this  
39 section, the requirements of this section apply to all policies,  
40 contracts and certificates executed, delivered, issued for  
41 delivery, continued or renewed in this State. For purposes of  
42 this section, all contracts are deemed to be renewed no later  
43 than the next yearly anniversary of the contract date.

44  
45 **Sec. B-17. 24-A MRSA §2846**, as enacted by PL 1989, c. 176,  
46 §6, is amended to read:

47  
48 **§2846. Acquired Immune Deficiency Syndrome**

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2        No A group health insurance policy or certificate delivered  
or issued for delivery in this State may not provide more  
4 restrictive benefits for sickness or disablement or the related  
expenses resulting from Acquired Immune Deficiency Syndrome  
6 (AIDS), AIDS Related Complex (ARC) or HIV related diseases than  
for any other sickness or disabling condition or exclude benefits  
8 for AIDS, ARC or HIV related diseases except through an exclusion  
under which all sicknesses and diseases are treated the same.  
This section shall does not apply to a policy providing benefits  
10 for specific diseases or accidental injury only.

12        **Sec. B-18. 24-A MRSA §2847-G, sub-§3** is enacted to read:

14        3. Application. The requirements of this section apply to  
all policies, contracts and certificates executed, delivered,  
16 issued for delivery, continued or renewed in this State. For  
purposes of this section, all contracts are deemed to be renewed  
18 no later than the next yearly anniversary of the contract date.

20        **Sec. B-19. 24-A MRSA §2847-H, sub-§4** is enacted to read:

22        4. Application. The requirements of this section apply to  
all group policies, contracts and certificates executed,  
24 delivered, issued for delivery, continued or renewed in this  
State. For purposes of this section, all contracts are deemed to  
26 be renewed no later than the next yearly anniversary of the  
contract date.

28        **Sec. B-20. 24-A MRSA §2847-I, sub-§5** is enacted to read:

30        5. Application. The requirements of this section apply to  
all group policies, contracts and certificates executed,  
32 delivered, issued for delivery, continued or renewed in this  
State. For purposes of this section, all contracts are deemed to  
34 be renewed no later than the next yearly anniversary of the  
contract date.

36        **Sec. B-21. 24-A MRSA §2847-J, sub-§3** is enacted to read:

38        3. Application. The requirements of this section apply to  
all group policies, contracts and certificates executed,  
40 delivered, issued for delivery, continued or renewed in this  
State. For purposes of this section, all contracts are deemed to  
42 be renewed no later than the next yearly anniversary of the  
contract date.

44        **Sec. B-22. 24-A MRSA §2847-K, sub-§6** is enacted to read:

46        6. Application. The requirements of this section apply to  
all group policies, contracts and certificates executed,  
48  
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2 delivered, issued for delivery, continued or renewed in this  
3 State. For purposes of this section, all contracts are deemed to  
4 be renewed no later than the next yearly anniversary of the  
5 contract date.

6 **Sec. B-23. 24-A MRSA §4234-B**, as amended by PL 2001, c. 258,  
7 Pt. A, §4, is further amended to read:

8  
9 **§4234-B. Maternity and routine newborn care**

10 Individual and group contracts and certificates issued by a  
11 health maintenance organization that provide maternity benefits,  
12 including benefits for childbirth, shall provide coverage for  
13 services related to maternity and routine newborn care, including  
14 coverage for hospital stay, in accordance with the attending  
15 physician's or attending certified nurse midwife's determination  
16 in conjunction with the mother that the mother and newborn meet  
17 the criteria outlined in the "Guidelines for Perinatal Care,"  
18 published by the American Academy of Pediatrics and the American  
19 College of Obstetrics and Gynecology. For the purposes of this  
20 section, "routine newborn care" does not include any services  
21 provided after the mother has been discharged from the hospital.  
22 For the purposes of this section, "attending physician" includes  
23 the obstetrician, pediatrician or other physician attending the  
24 mother and newborn. Benefits for routine newborn care required  
25 by this section are part of the mother's benefit. The mother and  
26 the newborn are treated as one person in calculating the  
27 deductible, coinsurance and copayments for coverage required by  
28 this section.

29  
30 **Sec. B-24. 24-A MRSA §4237, sub-§3** is enacted to read:

31  
32 **3. Application.** The requirements of this section apply to  
33 all individual and group policies, contracts and certificates  
34 executed, delivered, issued for delivery, continued or renewed in  
35 this State. For purposes of this section, all contracts are  
36 deemed to be renewed no later than the next yearly anniversary of  
37 the contract date.

38  
39 **Sec. B-25. 24-A MRSA §4237-A, sub-§3** is enacted to read:

40  
41 **3. Application.** The requirements of this section apply to  
42 all individual and group policies, contracts and certificates  
43 executed, delivered, issued for delivery, continued or renewed in  
44 this State. For purposes of this section, all contracts are  
45 deemed to be renewed no later than the next yearly anniversary of  
46 the contract date.

47  
48 **Sec. B-26. 24-A MRSA §4246, sub-§5** is enacted to read:

49  
50

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2       5. Application. The requirements of this section apply to  
3       all individual and group policies, contracts and certificates  
4       executed, delivered, issued for delivery, continued or renewed in  
5       this State. For purposes of this section, all contracts are  
6       deemed to be renewed no later than the next yearly anniversary of  
7       the contract date.

8               **Sec. B-27. 24-A MRSA §4247, sub-§3** is enacted to read:

10       3. Application. The requirements of this section apply to  
11       all individual and group policies, contracts and certificates  
12       executed, delivered, issued for delivery, continued or renewed in  
13       this State. For purposes of this section, all contracts are  
14       deemed to be renewed no later than the next yearly anniversary of  
15       the contract date.

16               **Sec. B-28. 24-A MRSA §4248, sub-§4** is enacted to read:

18       4. Application. The requirements of this section apply to  
19       all individual and group policies, contracts and certificates  
20       executed, delivered, issued for delivery, continued or renewed in  
21       this State. For purposes of this section, all contracts are  
22       deemed to be renewed no later than the next yearly anniversary of  
23       the contract date.

24               **Sec. B-29. 24-A MRSA §4250, sub-§3** is enacted to read:

26       3. Application. The requirements of this section apply to  
27       all individual and group policies, contracts and certificates  
28       executed, delivered, issued for delivery, continued or renewed in  
29       this State. For purposes of this section, all contracts are  
30       deemed to be renewed no later than the next yearly anniversary of  
31       the contract date.

32               **Sec. B-30. 24-A MRSA §4251, sub-§6** is enacted to read:

34       6. Application. The requirements of this section apply to  
35       all individual and group policies, contracts and certificates  
36       executed, delivered, issued for delivery, continued or renewed in  
37       this State. For purposes of this section, all contracts are  
38       deemed to be renewed no later than the next yearly anniversary of  
39       the contract date.

40               **Sec. B-31. 24-A MRSA §4310, sub-§5** is enacted to read:

42       5. Application. The requirements of this section apply to  
43       all individual and group policies, contracts and certificates  
44       executed, delivered, issued for delivery, continued or renewed in  
45       this State. For purposes of this section, all contracts are

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2 deemed to be renewed no later than the next yearly anniversary of  
3 the contract date.

4 **Sec. B-32. 24-A MRSA §4311, sub-§4** is enacted to read:

6 4. Application. The requirements of this section apply to  
7 all individual and group policies, contracts and certificates  
8 executed, delivered, issued for delivery, continued or renewed in  
9 this State. For purposes of this section, all contracts are  
10 deemed to be renewed no later than the next yearly anniversary of  
11 the contract date.

12 **Sec. B-33. 24-A MRSA §4314, sub-§5** is enacted to read:

14 5. Application. The requirements of this section apply to  
15 all individual and group policies, contracts and certificates  
16 executed, delivered, issued for delivery, continued or renewed in  
17 this State. For purposes of this section, all contracts are  
18 deemed to be renewed no later than the next yearly anniversary of  
19 the contract date.

22 **Sec. B-34. 24-A MRSA §4315, sub-§7** is enacted to read:

24 7. Application. The requirements of this section apply to  
25 all individual and group policies, contracts and certificates  
26 executed, delivered, issued for delivery, continued or renewed in  
27 this State. For purposes of this section, all contracts are  
28 deemed to be renewed no later than the next yearly anniversary of  
29 the contract date.'

32 **SUMMARY**

34 This amendment replaces the bill. Part A extends the  
35 application of certain mandated health insurance benefits to  
36 certificates held in Maine that are issued by an out-of-state  
37 group health plan. These mandated benefits are coverage for  
38 newborns from the moment of birth, coverage for screening Pap  
39 tests, coverage for a self-referred annual gynecological exam and  
40 coverage for diabetic equipment and supplies. Part A applies to  
41 all policies, contracts and certificates issued or renewed on or  
42 after July 1, 2004.  
44



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COMMITTEE AMENDMENT "A" to H.P. 995, L.D. 1353

2 Part B clarifies the application of currently mandated  
benefits to certificates.

4

**FISCAL NOTE REQUIRED**  
(See attached)

6

**COMMITTEE AMENDMENT**



**121st Maine Legislature  
Office of Fiscal and Program Review**

**LD 1353**

**An Act To Ensure Women's Health Care Coverage for All Maine  
Women**

**LR 1577(04)**

**Fiscal Note for Bill as Amended by Committee Amendment " "**

**Committee: Insurance and Financial Services**

**Fiscal Note Required: Yes**

**Minority Report**

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**Fiscal Note**

Minor cost increase - Other Special Revenue Funds

**Fiscal Detail and Notes**

Any additional costs to the Department of Professional and Financial Regulation in implementing this legislation can be absorbed by the department using existing resources.