

# MAINE STATE LEGISLATURE

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# 123rd MAINE LEGISLATURE

## FIRST REGULAR SESSION-2007

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Legislative Document

No. 1716

H.P. 1199

House of Representatives, March 23, 2007

### An Act To Ensure That DirigoChoice Is Affordable

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Reference to the Committee on Insurance and Financial Services suggested and ordered printed.

*Millicent M. MacFarland*  
MILLICENT M. MacFARLAND  
Clerk

Presented by Representative TREAT of Farmingdale.  
Cosponsored by Senator BRANNIGAN of Cumberland and  
Representatives: BERRY of Bowdoinham, BRAUTIGAM of Falmouth, CONOVER of  
Oakland, EBERLE of South Portland, FAIRCLOTH of Bangor, MIRAMANT of Camden,  
PINGREE of North Haven, Senator: DAMON of Hancock.

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

2 **Sec. 1. 24-A MRSA §6910, sub-§3, ¶A,** as enacted by PL 2003, c. 469, Pt. A,  
3 §8, is amended to read:

4 A. Provide the comprehensive health services and benefits as determined by the  
5 board in accordance with subsection 3-A, including a standard benefit package that  
6 meets the requirements for mandated coverage for specific health services, specific  
7 diseases and for certain providers of health services under Title 24 and this Title and  
8 any supplemental benefits the board wishes to make available; and

9 **Sec. 2. 24-A MRSA §6910, sub-§3-A** is enacted to read:

10 **3-A. Comprehensive and affordable benefits; standards.** The health services and  
11 benefits provided through Dirigo Health Program coverage must be determined by the  
12 board to meet standards for a comprehensive and affordable benefit package in  
13 accordance with the following.

14 A. Comprehensive benefits must, at a minimum, include coverage for preventive  
15 care services, medically necessary services and covered services required by Bureau  
16 of Insurance Rule Chapter 750 except to the extent that services covered under the  
17 Dirigo Health Program on the effective date of this subsection exceed services  
18 required by Rule Chapter 750. To the extent that covered services contained in Rule  
19 Chapter 750 deviate from or are lesser than the clinical practice guidelines  
20 established by the federal Agency for Healthcare Research and Quality, a nationally  
21 recognized professional medical or health association or the National Quality Forum,  
22 or a successor organization, the services required under the clinical practice  
23 guidelines adopted by the federal Agency for Healthcare Research and Quality, a  
24 nationally recognized professional medical or health association or the National  
25 Quality Forum, or a successor organization, apply.

26 For the purposes of this paragraph, "medically necessary services" means a service  
27 that is reasonably expected to prevent, diagnose, prevent the worsening of, alleviate,  
28 correct or cure conditions that endanger life, cause suffering or pain, cause physical  
29 deformity or malfunction, threaten to cause or to aggravate a handicap or result in  
30 illness or infirmity. "Medically necessary services" includes inpatient and outpatient  
31 services as mandated under Title XIX of the federal Social Security Act.

32 B. Comprehensive benefits may not include any lifetime maximum limits,  
33 coinsurance rates that exceed 20% or any dollar caps on certain services.

34 C. Comprehensive benefits may not include deductibles within any income bracket  
35 that exceeds 10% of income within that bracket and the total out-of-pocket maximum  
36 amount on any enrollee may not exceed the maximum contribution required for that  
37 enrollee.

38 D. The total out-of-pocket expenses required to be paid by individual enrollees may  
39 not exceed the following maximum amounts based on an enrollee's income:

40 (1) An enrollee with a household income at or below 250% of the federal  
41 poverty level may not be required to contribute any out-of-pocket amount;

