MAINE STATE LEGISLATURE

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127th MAINE LEGISLATURE

FIRST REGULAR SESSION-2015

Legislative Document

No. 359

H.P. 246

House of Representatives, February 12, 2015

An Act To Assist Persons with Breast Cancer

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

ROBERT B. HUNT
Clerk

Presented by Representative LONGSTAFF of Waterville.

Cosponsored by Senator BREEN of Cumberland and

Representatives: BECK of Waterville, BROOKS of Lewiston, DUNPHY of Old Town,

ESPLING of New Gloucester, LUCHINI of Ellsworth, NADEAU of Winslow, SAUCIER of

Presque Isle, Senator: ALFOND of Cumberland.

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

- Sec. 1. 24 MRSA §2320-C, sub-§1, as enacted by PL 1997, c. 408, §2 and affected by §8, is amended to read:
- 1. Inpatient care. All individual and group nonprofit hospital and medical services plan contracts providing coverage for medical and surgical benefits must ensure that inpatient coverage with respect to the treatment of breast cancer is provided for a period of time determined by hospital stay of no less than 48 hours insofar as the attending physician, in consultation with the patient, determines it to be medically appropriate following a mastectomy, or a lumpectomy or for a hospital stay of no less than 24 hours insofar as the attending physician, in consultation with the patient, determines it to be medically appropriate following a lymph node dissection for the treatment of breast cancer.
- Nothing in this subsection may be construed to require the provision of inpatient coverage if the attending physician and patient determine that a shorter period of hospital stay is appropriate.
- In implementing the requirements of this subsection, an individual and group nonprofit hospital and medical services plan contract may not modify the terms and conditions of coverage based on the determination by any enrollee to request less than the minimum coverage required under this subsection.
 - All individual and group nonprofit hospital and medical services plan contracts must provide written notice to each enrollee under the contract regarding the coverage required by this subsection. The notice must be prominently positioned in any literature or correspondence made available or distributed by the plan and must be transmitted in the next mailing made by the plan to the enrollee or as part of any yearly information packet sent to the enrollee, whichever is earlier.
 - **Sec. 2. 24-A MRSA §2745-C, sub-§1,** as enacted by PL 1997, c. 408, §4 and affected by §8, is amended to read:
 - 1. Inpatient care. All individual health policies providing coverage for medical and surgical benefits, except accidental injury, specified disease, hospital indemnity, Medicare supplement, long-term care and other limited benefit health insurance policies and contracts, must ensure that inpatient coverage with respect to the treatment of breast cancer is provided for a period of time determined by hospital stay of no less than 48 hours insofar as the attending physician, in consultation with the patient, determines it to be medically appropriate following a mastectomy, or a lumpectomy or for a hospital stay of no less than 24 hours insofar as the attending physician, in consultation with the patient, determines it to be medically appropriate following a lymph node dissection for the treatment of breast cancer.
- Nothing in this subsection may be construed to require the provision of inpatient coverage if the attending physician and patient determine that a shorter period of hospital stay is appropriate.

In implementing the requirements of this subsection, an individual health policy may not modify the terms and conditions of coverage based on the determination by any enrollee to request less than the minimum coverage required under this subsection.

 All individual health policies must provide written notice to each enrollee under the contract regarding the coverage required by this subsection. The notice must be prominently positioned in any literature or correspondence made available or distributed by the plan and must be transmitted in the next mailing made by the plan to the enrollee or as part of any yearly information packet sent to the enrollee, whichever is earlier.

- **Sec. 3. 24-A MRSA §2837-C, sub-§1,** as enacted by PL 1997, c. 408, §6 and affected by §8, is amended to read:
- 1. Inpatient care. All group health policies providing coverage for medical and surgical benefits, except accidental injury, specified disease, hospital indemnity, Medicare supplement, long-term care and other limited benefit health insurance policies and contracts, must ensure that inpatient coverage with respect to the treatment of breast cancer is provided for a period of time determined by hospital stay of no less than 48 hours insofar as the attending physician, in consultation with the patient, determines it to be medically appropriate following a mastectomy, or a lumpectomy or for a hospital stay of no less than 24 hours insofar as the attending physician, in consultation with the patient, determines it to be medically appropriate following a lymph node dissection for the treatment of breast cancer.
- Nothing in this subsection may be construed to require the provision of inpatient coverage if the attending physician and patient determine that a shorter period of hospital stay is appropriate.
 - In implementing the requirements of this subsection, a group health policy may not modify the terms and conditions of coverage based on the determination by any enrollee to request less than the minimum coverage required under this subsection.
 - All group health policies must provide written notice to each enrollee under the contract regarding the coverage required by this subsection. The notice must be prominently positioned in any literature or correspondence made available or distributed by the plan and must be transmitted in the next mailing made by the plan to the enrollee or as part of any yearly information packet sent to the enrollee, whichever is earlier.
 - **Sec. 4. 24-A MRSA §4237, sub-§1,** as enacted by PL 1997, c. 408, §7 and affected by §8, is amended to read:
 - 1. Inpatient care. All individual and group coverage subject to this chapter that provides coverage for medical and surgical benefits must ensure that inpatient coverage with respect to the treatment of breast cancer is provided for a period of time determined by hospital stay of no less than 48 hours insofar as the attending physician, in consultation with the patient, determines it to be medically appropriate following a mastectomy, or a lumpectomy or for a hospital stay of no less than 24 hours insofar as the attending physician, in consultation with the patient, determines it to be medically appropriate following a lymph node dissection for the treatment of breast cancer.

Nothing in this subsection may be construed to require the provision of inpatient coverage if the attending physician and patient determine that a shorter period of hospital stay is appropriate.

In implementing the requirements of this subsection, an individual or group coverage contract may not modify the terms and conditions of coverage based on the determination by any enrollee to request less than the minimum coverage required under this subsection.

All individual and group coverage subject to this subsection must provide written notice to each enrollee under the contract regarding the coverage required by this subsection. The notice must be prominently positioned in any literature or correspondence made available or distributed by the plan and must be transmitted in the next mailing made by the plan to the enrollee or as part of any yearly information packet sent to the enrollee, whichever is earlier.

Sec. 5. 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 January 1, 2016. For purposes of this Act, all contracts are deemed to be renewed no later than the next yearly anniversary of the contract date.

17 SUMMARY

This bill provides that individual and group health insurance policies must ensure that inpatient coverage with respect to breast cancer treatment is provided for a hospital stay of no less than 48 hours insofar as the attending physician, in consultation with the patient, determines it to be medically appropriate following a mastectomy or lumpectomy or of no less than 24 hours following a lymph node dissection. Under current law, the minimum hospital stay is not prescribed but must be provided for a period of time determined to be medically appropriate by the attending physician in consultation with the patient.