

MAINE STATE LEGISLATURE

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127th MAINE LEGISLATURE

FIRST REGULAR SESSION-2015

Legislative Document

No. 978

H.P. 675

House of Representatives, March 18, 2015

An Act To Promote Patient Choice and Access to Health Care

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

Handwritten signature of Robert B. Hunt in cursive.

ROBERT B. HUNT
Clerk

Presented by Representative DOORE of Augusta.

Cosponsored by Representatives: BECK of Waterville, BROOKS of Lewiston, CAMPBELL of Orrington, FOWLE of Vassalboro, MELARAGNO of Auburn, Senators: GERZOFSKY of Cumberland, KATZ of Kennebec, MASON of Androscoggin.

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

2 **Sec. 1. 24-A MRSA §4303, sub-§20** is enacted to read:

3 **20. Reimbursement of a provider.** A carrier may not refuse to reimburse a
4 provider for providing a health care service or procedure covered under a health plan as
5 long as the provider is acting within the lawful scope of that provider's license,
6 registration or certification in the delivery of the covered service or procedure. A carrier
7 may not circumvent the requirements of this subsection:

8 A. By creating or using a provider-specific billing code or policy not listed in a
9 nationally recognized coding system otherwise used by the carrier; or

10 B. By discriminating through benefit design or implementation of its benefit design
11 in any manner to discourage enrollment in a health plan or to shift greater costs to an
12 enrollee when an enrollee seeks treatment from a licensed, registered or certified
13 provider.

14 **SUMMARY**

15 This bill prohibits a health insurance carrier from refusing to reimburse a provider for
16 providing a health care service or procedure covered under a health plan as long as the
17 provider is acting within the lawful scope of that provider's license, registration or
18 certification in the delivery of the covered service or procedure. The bill also prohibits a
19 carrier from creating or using a provider-specific billing code or policy not listed in a
20 nationally recognized coding system or from discriminating in its benefit design to
21 circumvent the requirement.