

MAINE STATE LEGISLATURE

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Date: 2/16/18

L.D. 1476
(Filing No. H-595)

INSURANCE AND FINANCIAL SERVICES

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**STATE OF MAINE
HOUSE OF REPRESENTATIVES
128TH LEGISLATURE
SECOND REGULAR SESSION**

COMMITTEE AMENDMENT "A" to H.P. 1015, L.D. 1476, Bill, "An Act To Ensure Continued Coverage for Essential Health Care"

Amend the bill by striking out everything after the enacting clause and before the summary and inserting the following:

Sec. 1. 24-A MRSA §4320-A, as enacted by PL 2011, c. 364, §34, is amended to read:

§4320-A. Coverage of preventive health services

Notwithstanding any other requirements of this Title, a carrier offering a health plan ~~subject to the federal Affordable Care Act in this State~~ shall, at a minimum, provide coverage for and may not impose cost-sharing requirements for preventive services as required by ~~the federal Affordable Care Act~~ this section.

1. Preventive services. A health plan must, at a minimum, provide coverage for:

A. The evidence-based items or services that have a rating of A or B in the recommendations of the United States Preventive Services Task Force or equivalent rating from a successor organization;

B. With respect to the individual insured, immunizations that have a recommendation from the federal Department of Health and Human Services, Centers for Disease Control and Prevention, Advisory Committee on Immunization Practices and that are consistent with the recommendations of the American Academy of Pediatrics, the American Academy of Family Physicians or the American College of Obstetricians and Gynecologists or a successor organization;

C. With respect to infants, children and adolescents, evidence-informed preventive care and screenings provided for in the most recent version of the comprehensive guidelines supported by the federal Department of Health and Human Services, Health Resources and Services Administration that are consistent with the recommendations of the American Academy of Pediatrics or a successor organization; and

COMMITTEE AMENDMENT

1 D. With respect to women, such additional preventive care and screenings not
2 described in paragraph A, provided for in the comprehensive guidelines supported by
3 the federal Department of Health and Human Services, Health Resources and
4 Services Administration women's preventive services guidelines that are consistent
5 with the recommendations of the American College of Obstetricians and
6 Gynecologists women's preventive services initiative.

7 2. Change in recommendations. If a recommendation described in subsection 1 is
8 changed during a health plan year, a carrier is not required to make changes to that health
9 plan during the plan year.

10 **Sec. 2. Application.** The requirements of this Act apply to all policies, contracts
11 and certificates executed, delivered, issued for delivery, continued or renewed in this
12 State on or after January 1, 2019. For purposes of this Act, all contracts are deemed to be
13 renewed no later than the next yearly anniversary of the contract date.'

14 SUMMARY

15 This amendment replaces the bill and seeks to incorporate current requirements under
16 the federal Patient Protection and Affordable Care Act for coverage of preventive health
17 services, including services for women, into state law. The requirements apply to all
18 individual and group health insurance policies and contracts issued or renewed on or after
19 January 1, 2019.