

MAINE STATE LEGISLATURE

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128th MAINE LEGISLATURE

FIRST REGULAR SESSION-2017

Legislative Document

No. 1476

H.P. 1015

House of Representatives, April 18, 2017

An Act To Ensure Continued Coverage for Essential Health Care

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

A handwritten signature in cursive script that reads "R B. Hunt".

ROBERT B. HUNT
Clerk

Presented by Representative McCREIGHT of Harpswell.
Cosponsored by Senator CARSON of Cumberland and
Representatives: DENNO of Cumberland, DEVIN of Newcastle, GOLDEN of Lewiston,
HERBIG of Belfast, McCREA of Fort Fairfield, PARKER of South Berwick, RECKITT of
South Portland, SYLVESTER of Portland.

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

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

4 **§4320-A. Coverage of preventive health services**

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

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

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

13 B. With respect to the individual insured, immunizations that have a
14 recommendation from the American Academy of Pediatrics, the American Academy
15 of Family Physicians or the American College of Obstetricians and Gynecologists or
16 a successor organization;

17 C. With respect to infants, children and adolescents, evidence-informed preventive
18 care and screenings provided for in the most recent version of the comprehensive
19 guidelines for health supervision of infants, children and adolescents developed by
20 the American Academy of Pediatrics or a successor organization; and

21 D. With respect to women, such additional preventive care and screenings not
22 described in paragraph A, including:

23 (1) Well-woman preventive care;

24 (2) Contraception in accordance with subsection 2;

25 (3) Screening for breast cancer;

26 (4) Screening for cervical cancer;

27 (5) Screening for HIV;

28 (6) Screening for gestational diabetes;

29 (7) Folic acid supplementation;

30 (8) Breastfeeding services and supplies;

31 (9) Screening for interpersonal and domestic violence;

32 (10) Counseling for sexually transmitted infections;

33 (11) Breast cancer chemoprevention counseling; and

34 (12) Risk assessment for a BRCA gene mutation and genetic counseling or
35 testing if necessary.

1 **2. Contraceptive methods and services.** Notwithstanding sections 2756, 2840-A
2 and 4247, a health plan must, at a minimum, provide coverage for all of the following
3 contraceptive methods and services:

4 A. All contraceptive drugs, devices and other products approved by the federal Food
5 and Drug Administration, including those prescribed by the enrollee's provider or as
6 otherwise authorized under state or federal law. If there is a therapeutic equivalent of
7 a contraceptive drug, device or product approved by the federal Food and Drug
8 Administration, coverage must include either the contraceptive drug, device or
9 product originally prescribed and approved by the federal Food and Drug
10 Administration or at least one of its therapeutic equivalents;

11 B. Voluntary sterilization procedures;

12 C. Patient education and counseling on contraception; and

13 D. Services related to the drugs, devices, products and procedures covered under this
14 subsection, including, but not limited to, management of side effects, counseling for
15 continued adherence and device insertion and removal.

16 A health plan may not impose any restrictions or delays on the coverage of contraceptive
17 methods and services required under this subsection.

18 **3. Minimum interval.** The superintendent shall establish a minimum interval of not
19 less than one year between the date on which a recommendation or guideline described in
20 subsection 1 is issued and the plan year with respect to which the requirement in
21 subsection 1 is effective with respect to the service described in the recommendation or
22 guideline.

23 **4. Review of preventive coverage recommendations.** On an annual basis
24 beginning January 1, 2019, the superintendent shall review the preventive care items,
25 services and screenings that have a rating of A or B in the recommendations of the United
26 States Preventive Services Task Force, that are provided for in the comprehensive
27 guidelines supported by the federal Department of Health and Human Services, Health
28 Resources and Services Administration or that are recommended by the American
29 Academy of Pediatrics, the American Academy of Family Physicians or the American
30 College of Obstetricians and Gynecologists or a successor organization. The
31 superintendent shall identify whether there are any preventive care items, services or
32 screenings that are not included in the minimum coverage provided by a health plan
33 pursuant to this section and notify the joint standing committee of the Legislature having
34 jurisdiction over health insurance matters. The joint standing committee of the
35 Legislature having jurisdiction over health insurance matters may report out legislation to
36 any regular session of the Legislature to amend the requirements for minimum coverage
37 under this section based on the report from the superintendent.

38 **Sec. 2. Application.** The requirements of this Act apply to all policies, contracts
39 and certificates executed, delivered, issued for delivery, continued or renewed in this
40 State on or after January 1, 2018. For purposes of this Act, all contracts are deemed to be
41 renewed no later than the next yearly anniversary of the contract date.

1

SUMMARY

2 This bill incorporates current requirements under the federal Patient Protection and
3 Affordable Care Act for coverage of preventive health services, including services for
4 women, into state law. The bill also requires coverage of certain contraceptive methods
5 and services. The bill directs the Superintendent of Insurance to annually review the
6 recommendations and guidelines for coverage of preventive health services to identify
7 any gaps in the minimum coverage provided by health plans and authorizes the joint
8 standing committee of the Legislature having jurisdiction over health insurance matters to
9 introduce legislation to update the requirements for minimum coverage. The
10 requirements apply to all individual and group health insurance policies and contracts
11 issued or renewed on or after January 1, 2018.