

MAINE STATE LEGISLATURE

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HEALTH COVERAGE, INSURANCE AND FINANCIAL SERVICES

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**STATE OF MAINE
SENATE
129TH LEGISLATURE
FIRST REGULAR SESSION**

COMMITTEE AMENDMENT "A" to S.P. 61, L.D. 249, Bill, "An Act To Ensure Protection of Patients in Medical Reviews by Health Insurance Carriers"

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

Sec. 1. 24-A MRSA §4301-A, sub-§4, as enacted by PL 1999, c. 742, §3, is amended to read:

4. Clinical peer. "Clinical peer" means a physician or other licensed health care practitioner who holds a nonrestricted license in a state of the United States, is board certified in the same or similar specialty as typically manages the medical condition, procedure or treatment under review, or other physician or health care practitioner with demonstrable expertise necessary to review a case and whose compensation does not depend, directly or indirectly, upon the quantity, type or cost of the medical condition, procedure or treatment that the physician or other licensed health care practitioner approves or denies on behalf of a carrier.

Sec. 2. 24-A MRSA §4304, sub-§7 is enacted to read:

7. Requirements for an appeal of adverse health care treatment decision. An appeal of a carrier's adverse health care treatment decision must be conducted by a clinical peer. The clinical peer may not have been involved in making the initial adverse health care treatment decision unless additional information not previously considered during the initial review is provided on appeal. For the purposes of this subsection, "adverse health care treatment decision" does not include a carrier's rescission determination or a carrier's determination of initial coverage eligibility for coverage.

Sec. 3. Rules. Notwithstanding the Maine Revised Statutes, Title 24-A, section 4309, any rules adopted by the Bureau of Insurance to conform as necessary to this Act are routine technical rules as defined in Title 5, chapter 375, subchapter 2-A.'

COMMITTEE AMENDMENT

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SUMMARY

This amendment replaces the bill. The amendment requires that appeals of a health insurance carrier's adverse health care treatment decision be conducted by a licensed health care practitioner who is board certified in the same or similar specialty as typically manages the medical condition, procedure or treatment under review and whose compensation does not directly or indirectly depend upon the quantity, type or cost of the medical condition, procedure or treatment the practitioner approves or denies on behalf of a carrier. The bill would have required that all medical reviews be conducted by a clinical peer who was board certified and in active medical practice in the same specialty.

The amendment also provides that any rules adopted by the Bureau of Insurance to conform to changes made in the bill are routine technical rules as defined in the Maine Administrative Procedures Act.