

MAINE STATE LEGISLATURE

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Date: 4/16/19

(Filing No. S- 46)

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. 177, L.D. 555, Bill, "An Act To Reduce Colorectal Cancer Incidence and Mortality by Updating Screening Coverage"

Amend the bill by adding after section 9 the following:

Sec. 10. 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, 2020. For purposes of this Act, all contracts are deemed to be renewed no later than the next yearly anniversary of the contract date.

Sec. 11. Exemption from review. Notwithstanding the Maine Revised Statutes, Title 24-A, section 2752, this Act is enacted without review and evaluation by the Department of Professional and Financial Regulation, Bureau of Insurance.'

Amend the bill by relettering or renumbering any nonconsecutive Part letter or section number to read consecutively.

SUMMARY

This amendment makes the bill's requirements for coverage of colorectal cancer screening apply to health insurance plans issued or renewed on or after January 1, 2020. The amendment also adds language exempting the Act from the provisions of the Maine Revised Statutes, Title 24-A, section 2752.

FISCAL NOTE REQUIRED

(See attached)

COMMITTEE AMENDMENT



129th MAINE LEGISLATURE

LD 555

LR 1326(02)

An Act To Reduce Colorectal Cancer Incidence and Mortality by Updating Screening Coverage

Fiscal Note for Bill as Amended by Committee Amendment "A" (S-46)
Committee: Health Coverage, Insurance and Financial Services
Fiscal Note Required: Yes

Fiscal Note

Minor cost increase - State Employee Health Plan

Fiscal Detail and Notes

This bill would require the state employee health plan to cover all colorectal examinations and laboratory tests that are recommended by a provider in accordance with published guidelines. The health plan has indicated that this would require coverage of additional services not currently offered by the plan. The health plan anticipates coverage of these additional services to cost \$11,000 per fiscal year, but these costs would not have an impact on premiums. As a result, any additional costs to the health plan are expected to be minor and can be absorbed within existing resources.