

MAINE STATE LEGISLATURE

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Date: 5/9/19

(Filing No. S- 90)

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. 372, L.D. 1197, Bill, "An Act To Amend the Law Prohibiting the Denial by Health Insurers of Referrals by Out-of-network Providers"

Amend the bill by striking out all of section 1 and inserting the following:

'Sec. 1. 24-A MRSA §4303, sub-§22, as enacted by PL 2017, c. 232, §7, is amended to read:

22. Denial of referral by out-of-network provider prohibited. Beginning January 1, 2018, a carrier may not deny payment for any health care service covered under an enrollee's health plan based solely on the basis that the enrollee's referral was made by a direct primary care provider who is not a member of the carrier's provider network. A carrier may not apply a deductible, coinsurance or copayment greater than the applicable deductible, coinsurance or copayment that would apply to the same health care service if the service was referred by a participating primary care provider. A carrier may require a direct primary care provider making a referral who is not a member of the carrier's provider network to provide information demonstrating that the provider is a direct primary care provider through a written attestation or copy of a direct primary care agreement with an enrollee and may request additional information necessary to implement this subsection. As used in this subsection, "direct primary care provider" has the same meaning as in Title 22, section 1771, subsection 1, paragraph B.'

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

SUMMARY

This amendment replaces the bill. The amendment provides that the law that prohibits carriers from denying payment for covered health care services solely on the basis that the referral for services was made by an out-of-network provider applies only to referrals made by out-of-network direct primary care providers. It prohibits a carrier from requiring an enrollee to pay a greater cost-sharing amount than the cost-sharing that

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1 would apply to the same service if the service was referred by a participating primary
2 care provider. It also allows a carrier to require a direct primary care provider who is not
3 a member of the carrier's provider network to attest that the provider is a direct primary
4 care provider through a written attestation or copy of the direct primary care agreement
5 with the enrollee.

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