

MAINE STATE LEGISLATURE

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L.D. 1539

Date: 4/18/22

(Filing No. S-566)

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STATE OF MAINE
SENATE
130TH LEGISLATURE
SECOND REGULAR SESSION

SENATE AMENDMENT "A" to COMMITTEE AMENDMENT "A" to H.P. 1144,
L.D. 1539, "An Act To Provide Access to Fertility Care"

Amend the amendment in the first paragraph after the title in the last line (page 1, line 12 in amendment) by striking out the following: "**§4320-R**" and inserting the following: '**§4320-S**'

Amend the amendment in the 2nd paragraph after the title in the last line (page 1, line 14 in amendment) by striking out the following: "**§4320-R**" and inserting the following: '**§4320-S**'

Amend the amendment by inserting after the 4th paragraph after the title the following:

'Amend the bill in section 1 in §4320-Q in subsection 2 in the 2nd line (page 1, line 40 in L.D.) by inserting after the following: "subsection" the following: 'and as set forth in rules adopted by the bureau'

Amend the bill in section 1 in §4320-Q in subsection 2 by striking out all of the first blocked paragraph (page 2, lines 2 to 8 in L.D.).

Amend the bill in section 1 in §4320-Q by striking out all of subsection 3 (page 2, lines 9 to 34 in L.D.) and inserting the following:

3. Limitations on coverage. A health plan that provides coverage for the services required by this section may include reasonable limitations to the extent that these limitations are not inconsistent with the following requirements and rules adopted by the bureau.

A. A carrier may not impose a waiting period.

B. A carrier may not use any prior diagnosis or prior fertility treatment as a basis for excluding, limiting or otherwise restricting the availability of coverage required by this section.

C. A carrier may not impose any limitations on coverage for any fertility services based on an enrollee's use of donor gametes, donor embryos or surrogacy.

D. A carrier may not impose different limitations on coverage for, provide different benefits to or impose different requirements on a class of persons protected under Title 5, chapter 337 than those of other enrollees.

E. Any limitations imposed by a carrier must be based on an enrollee's medical history and clinical guidelines adopted by the carrier. Any clinical guidelines used by a carrier must be based on current guidelines developed by the American Society for Reproductive Medicine, its successor organization or a comparable organization, must cite with specificity any data or scientific reference relied upon, must be maintained in written form and must be made available to an enrollee in writing upon request.'

Amend the bill in section 1 in §4320-Q by striking out all of subsection 5 (page 2, lines 39 to 41 in L.D.) and inserting the following:

'5. Rules. The superintendent may adopt rules to implement the requirements of this section, including, without limitation, cost-sharing, benefit design and clinical guidelines. In adopting rules under this subsection, the superintendent shall consider the clinical guidelines developed by the American Society for Reproductive Medicine, its successor organization or a comparable organization. Rules adopted pursuant to this subsection are routine technical rules as defined in Title 5, chapter 375, subchapter 2-A.'

Amend the bill by inserting after section 1 the following:

'Sec. 2. Evaluation. Upon consultation with the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services, the Superintendent of Insurance shall evaluate whether the coverage required by the Maine Revised Statutes, Title 24-A, section 4320-S can be incorporated as part of the essential health benefit package as defined in Title 24-A, section 4320-D or whether the federal Centers for Medicare and Medicaid Services would determine that the transfer of costs defrayed by the State to the federal Centers for Medicare and Medicaid Services pursuant to 42 United States Code, Section 18031(d)(3)(B) would be required. The superintendent shall report by December 31, 2022 to the joint standing committee of the Legislature having jurisdiction over health coverage, insurance and financial services matters concerning its consultation with the federal Centers for Medicare and Medicaid Services and the outcome of that consultation. The joint standing committee of the Legislature having jurisdiction over health coverage, insurance and financial services matters may report out a bill based on the evaluation under this section to the First Regular Session of the 131st Legislature.'

Amend the bill in section 2 in the 3rd line (page 3, line 1 in L.D.) by striking out the following: "2023" and inserting the following: '2024' '

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

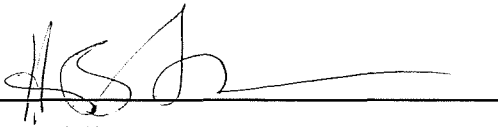
SUMMARY

This amendment revises language concerning required coverage, clinical guidelines developed by the American Society for Reproductive Medicine and limitations on coverage and allows the Superintendent of Insurance to adopt routine technical rules to implement the provisions of this legislation. It requires the Superintendent of Insurance to consult with the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services to evaluate whether fertility benefits may be part of the essential health benefit package that is required under all health insurance plans in the State and to report to the joint standing committee of the Legislature having jurisdiction over health coverage, insurance and financial services matters by December 31, 2022. The joint standing committee is authorized to report out a bill to the First Regular Session of the

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SENATE AMENDMENT "A" to COMMITTEE AMENDMENT "A" to H.P. 1144, L.D. 1539 (S-566)

1 131st Legislature. The amendment also changes the application date in the bill to January
2 1, 2024.

3 SPONSORED BY: 

4 (Senator SANBORN, H.)

5 COUNTY: Cumberland

FISCAL NOTE REQUIRED
(See attached)



Approved: 04/15/22 *mac*

130th MAINE LEGISLATURE

LD 1539

LR 884(04)

An Act To Provide Access to Fertility Care

Fiscal Note for Senate Amendment "A" to Committee Amendment "A" (S-566)

Sponsor: Sen. Sanborn of Cumberland

Fiscal Note Required: Yes

Fiscal Note

Future biennium cost savings - All Funds

	FY 2021-22	FY 2022-23	Projections FY 2023-24	Projections FY 2024-25
Net Cost (Savings)				
General Fund	\$0	\$0	(\$174,818)	\$0
Highway Fund	\$0	\$0	(\$61,542)	\$0
Appropriations/Allocations				
General Fund	\$0	\$0	(\$174,818)	\$0
Highway Fund	\$0	\$0	(\$61,542)	\$0

Fiscal Detail and Notes

This amendment will decrease the future year cost of the bill to the State Employee Health Plan (SEHP), eliminating the estimated costs in FY 2023-24. The impact on costs to the SEHP in FY 2024-25 cannot be determined at this time. Additional costs to the Bureau of Insurance in the Department of Professional and Financial Regulations are assumed to be minor and can be absorbed within existing budgeted resources.