MAINE STATE LEGISLATURE

The following document is provided by the LAW AND LEGISLATIVE DIGITAL LIBRARY at the Maine State Law and Legislative Reference Library http://legislature.maine.gov/lawlib



Reproduced from electronic originals (may include minor formatting differences from printed original)



131st MAINE LEGISLATURE

FIRST REGULAR SESSION-2023

Legislative Document

No. 706

H.P. 475

House of Representatives, February 16, 2023

An Act to Improve Access to Specialty Health Care Providers by Reducing Copayments

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

ROBERT B. HUNT

R(+ B. Hunt

Clerk

Presented by Representative MORRIS of Turner.

1	Be it enacted by the People of the State of Maine as follows:
2	Sec. 1. 24-A MRSA §4303, sub-§25 is enacted to read:
3 4 5	25. Copayments. A carrier offering a health plan in this State is subject to the following requirements with respect to the copayment for a health care service rendered by a health care provider other than a primary care provider.
6	A. The copayment may not be less than a copayment for primary care services.
7 8	B. The copayment amount may not be more than 50% of the allowed amount under a carrier's health plan for that health care service.
9 10 11 12 13	Sec. 2. Application. The requirements of this Act apply to all health plan policies, contracts and certificates executed, delivered, issued for delivery, continued or renewed in this State on or after January 1, 2024. For purposes of this Act, all policies, contracts and certificates are deemed to be renewed no later than the next yearly anniversary of the contract date.
14	SUMMARY
15 16 17 18 19	This bill limits the amount of the copayment that carriers offering health plans in this State may impose for a health care service rendered by a health care provider, other than a primary care provider, to no less than the copayment for primary care services and to no more than 50% of the allowed amount under a carrier's health plan for that health care service. The requirements apply to health plans beginning on or after January 1, 2024.