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2	Date 5/10/23 (Filing No S-81)
	REPORT C
3	HEALTH COVERAGE, INSURANCE AND FINANCIAL SERVICES
4	Reproduced and distributed under the direction of the Secretary of the Senate
5	STATE OF MAINE
6	SENATE
7	131ST LEGISLATURE
8	FIRST SPECIAL SESSION
9 10 11	COMMITTEE AMENDMENT "3" to SP 280, LD 722, "An Act to Expedite the Health Insurance Referral Process for Specialists by Allowing Referrals from Urgent Care Facilities"
12	Amend the bill by striking out the title and substituting the following
13 14	'An Act to Expedite the Health Insurance Referral Process for Specialists by Allowing Referrals During Urgent Care Visits'
15 16	Amend the bill by striking out everything after the enacting clause and inserting the following
17	'Sec. 1. 24-A MRSA §4301-A, sub-§2-A is enacted to read
18 19	2-A. Behavioral health care service. "Behavioral health care service" means a health care service or treatment to address mental health and substance use conditions
20	Sec. 2. 24-A MRSA §4301-A, sub-§21 is enacted to read
21 22	21. Urgent care. "Urgent care" means health care or treatment provided in response to exigent circumstances
23	Sec. 3. 24-A MRSA §4303, sub-§22-A is enacted to read
24	22-A. Denial of referral during urgent care visit prohibited. A carrier may not
25 26	deny payment for any behavioral health care service or physical therapy service covered under an enrollee's health plan based solely on the basis that the enrollee's initial referral
20 27	was not made by the enrollee's primary care provider and, if a referral is required from a
28	primary care provider, as long as the enrollee's referral is made by a provider during an
29	urgent care visit and the enrollee's referral is approved by the enrollee's primary care
30	provider prior to the date the behavioral health care service or physical therapy service is
31	rendered to the enrollee A carrier may not apply a deductible, comsurance or copayment
32	greater than the applicable deductible, comsurance or copayment that would apply to the
33	same health care service if the service was referred by the enrollee's primary care provider
34	A carrier may require a provider providing urgent care that is making a referral to provide
35	additional information necessary to implement this subsection

Page 1 - 131LR1825(03)



COMMITTEE AMENDMENT " to SP 280, LD 722 (5-81)

Sec. 4. Application. The requirements of this Act apply to all policies, contracts and certifications 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 '

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

SUMMARY

This amendment replaces the bill and changes the title. The amendment prohibits a health insurance carrier from denying payment for any behavioral health care service or physical therapy service covered under an enrollee's health plan based solely on the basis that the enrollee's initial referral was not made by the enrollee's primary care provider as long as the enrollee's referral is approved by the enrollee's primary care provider prior to the date the behavioral health care service or physical therapy service is rendered to the enrollee. The requirements apply beginning January 1, 2024