

MAINE STATE LEGISLATURE

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LAWS
OF THE
STATE OF MAINE

AS PASSED BY THE
ONE HUNDRED AND SEVENTEENTH LEGISLATURE

FIRST SPECIAL SESSION
November 28, 1995 to December 1, 1995

SECOND REGULAR SESSION
January 3, 1996 to April 4, 1996

THE GENERAL EFFECTIVE DATE FOR
FIRST REGULAR SESSION
NON-EMERGENCY LAWS IS
JULY 4, 1996

PUBLISHED BY THE REVISOR OF STATUTES
IN ACCORDANCE WITH MAINE REVISED STATUTES ANNOTATED,
TITLE 3, SECTION 163-A, SUBSECTION 4.

J.S. McCarthy Company
Augusta, Maine
1995

§6418. Water districts; legislative acts

Prior to acting upon any proposal to create or to amend a water district charter, the joint standing committee of the Legislature having jurisdiction over public utilities shall solicit written comments from the municipalities that lie in whole or in part within the district or proposed district.

See title page for effective date.

CHAPTER 617

H.P. 976 - L.D. 1385

An Act to Ensure That Basic Health Care Needs of Women Are Covered in Insurance Policies

Be it enacted by the People of the State of Maine as follows:

Sec. 1. 24 MRSA §2320-E is enacted to read:

§2320-E. Coverage for Pap tests

All group nonprofit medical service plan contracts and all nonprofit health care plan contracts must provide coverage for screening Pap tests recommended by a physician.

Sec. 2. 24 MRSA §2332-F is enacted to read:

§2332-F. Gynecological and obstetrical services

1. Coverage in managed care plans. With respect to managed care plans that require subscribers to select primary care physicians, a nonprofit hospital and medical service organization that issues group contracts must meet the following requirements.

A. The organization must permit a physician who specializes in obstetrics and gynecology to serve as a primary care physician if the physician qualifies under the organization's credentialling policy.

B. All group plan contracts must provide coverage for an annual gynecological examination, including routine pelvic and clinical breast examinations, performed by a physician, certified nurse practitioner or certified nurse midwife participating in the plan, without requiring the prior approval of the primary care physician.

C. If the examination specified in paragraph B reveals a gynecological condition for which another visit to the physician participating in the plan is medically required and appropriate, or for any gynecological care beyond the annual

examination, the carrier may require the patient or the examining physician, certified nurse practitioner or certified nurse midwife to secure from the patient's primary care physician a referral to the participating physician, certified nurse practitioner or certified nurse midwife from whom such care may be obtained.

2. Application. This section applies to all contracts and certificates executed, delivered, issued for delivery, continued or renewed in this State on or after January 1, 1997. For purposes of this section, all contracts are deemed to be renewed no later than the next yearly anniversary of the contract date.

This section does not prohibit a carrier from requiring a physician, certified nurse practitioner or certified nurse midwife participating in the plan to inform a woman's primary care physician prior to each treatment pursuant to this section.

Sec. 3. 24-A MRSA §2837-E is enacted to read:

§2837-E. Coverage for Pap tests

All group health insurance policies and contracts, except accidental injury, specified disease, hospital indemnity, Medicare supplement, long-term care and other limited benefit health insurance policies and contracts, must provide coverage for screening Pap tests recommended by a physician.

Sec. 4. 24-A MRSA §2850-A is enacted to read:

§2850-A. Gynecological and obstetrical services

1. Coverage in managed care plans. With respect to managed care plans that require group members to select primary care physicians, an insurer that issues group health insurance policies and contracts must meet the following requirements.

A. The insurer must permit a physician who specializes in obstetrics and gynecology to serve as a primary care physician if the physician qualifies under the insurer's credentialling policy.

B. All group plan contracts must provide coverage for an annual gynecological examination, including routine pelvic and clinical breast examinations, performed by a physician, certified nurse practitioner or certified nurse midwife participating in the plan, without requiring the prior approval of the primary care physician.

C. If the examination specified in paragraph B reveals a gynecological condition for which another visit to the physician participating in the plan is medically required and appropriate, or for

any gynecological care beyond the annual examination, the carrier may require the patient or the examining physician, certified nurse practitioner or certified nurse midwife to secure from the patient's primary care physician a referral to the participating physician, certified nurse practitioner or certified nurse midwife from whom such care may be obtained.

2. Application. This section applies to all policies and contracts executed, delivered, issued for delivery, continued or renewed in this State on or after January 1, 1997. For purposes of this section, all contracts are deemed to be renewed no later than the next yearly anniversary of the contract date.

This section does not prohibit a carrier from requiring a physician, certified nurse practitioner or certified nurse midwife participating in the plan to inform a woman's primary care physician prior to each treatment pursuant to this section.

Sec. 5. 24-A MRSA §§4240 and 4241 are enacted to read:

§4240. Coverage for Pap tests

All health maintenance organization plan contracts must provide coverage for screening Pap tests recommended by a physician.

§4241. Gynecological and obstetrical services

1. Coverage in managed care plans. With respect to managed care plans that require enrollees to select primary care physicians, a health maintenance organization that issues group policies and contracts must meet the following requirements.

A. The health maintenance organization must permit a physician who specializes in obstetrics and gynecology to serve as a primary care physician if the physician qualifies under the organization's credentialing policy.

B. All group plan contracts must provide coverage for an annual gynecological examination, including routine pelvic and clinical breast examinations, performed by a physician, certified nurse practitioner or certified nurse midwife participating in the plan, without requiring the prior approval of the primary care physician.

C. If the examination specified in paragraph B reveals a gynecological condition for which another visit to the physician participating in the plan is medically required and appropriate, or for any gynecological care beyond the annual examination, the carrier may require the patient or the examining physician, certified nurse

practitioner or certified nurse midwife to secure from the patient's primary care physician a referral to the participating physician, certified nurse practitioner or certified nurse midwife from whom such care may be obtained.

2. Application. This section applies to all policies and contracts executed, delivered, issued for delivery, continued or renewed in this State on or after January 1, 1997. For purposes of this section, all contracts are deemed to be renewed no later than the next yearly anniversary of the contract date.

This section does not prohibit a carrier from requiring a physician, certified nurse practitioner or certified nurse midwife participating in the plan to inform a woman's primary care physician prior to each treatment pursuant to this section.

Sec. 6. Effective date. This Act takes effect January 1, 1997.

Effective January 1, 1997.

CHAPTER 618

S.P. 689 - L.D. 1761

**An Act to Amend the Laws
Regarding Employee Leasing
Companies**

Emergency preamble. Whereas, Acts of the Legislature do not become effective until 90 days after adjournment unless enacted as emergencies; and

Whereas, the recent collapse of an employee leasing company caused financial harm to many former employees and former client companies due to unfunded health care benefit plans; and

Whereas, employee leasing companies play an important role in the economic development of this State; and

Whereas, immediate steps are necessary to ensure that employee leasing companies do not offer self-insured health benefits without proper funding; and

Whereas, having state officials work together to monitor the development and regulation of the employee leasing industry will benefit employers, employees and the leasing industry directly; and

Whereas, in the judgment of the Legislature, these facts create an emergency within the meaning of the Constitution of Maine and require the following legislation as immediately necessary for the preserva-