

# MAINE STATE LEGISLATURE

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**STATE OF MAINE  
117TH LEGISLATURE**

**SECOND REGULAR SESSION**

**BILL SUMMARIES  
JOINT STANDING COMMITTEE  
ON  
BANKING AND INSURANCE**

**JUNE 1996**

***MEMBERS:***

***Sen. I. Joel Abromson, Chair***

***Sen. Mary E. Small***

***Sen. Dale McCormick***

***Rep. Marc J. Vigue, Chair***

***Rep. Gail M. Chase***

***Rep. Gordon P. Gates***

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***Rep. Arthur F. Mayo III***

***Staff:***

***Colleen McCarthy, Legislative Analyst***

***Office of Policy and Legal Analysis***

***Room 101/107/135, 13 State House Station***

***Augusta, ME 04333***

***(207)287-1670***



**Maine State Legislature**  
**OFFICE OF POLICY AND LEGAL ANALYSIS**

13 State House Station, Augusta, Maine 04333-0013  
 Telephone: (207) 287-1670  
 Fax: (207) 287-1275

**ONE HUNDRED SEVENTEENTH LEGISLATURE**  
**SECOND REGULAR SESSION**

**Summary Of Legislation Before The Joint Standing Committees**  
**June 1996**

We are pleased to provide this summary of bills that were considered by the 15 Joint Standing Committees of the Maine Legislature staffed by this office. The document is a compilation of bill summaries which describe each bill, committee amendments and other relevant amendments, as well as the final action taken on the bill. Also included are statistical summaries of bill activity this Session for the Legislature and each of its joint standing committees.

The document is organized for convenient reference to information on bills handled by the joint standing committees. It is organized alphabetically by committees and within committees by bill (LD) number. The committee report(s), prime sponsor for each bill and the lead co-sponsor(s), if designated, are listed below each bill title. All adopted amendments are listed by paper number. Two indices, a subject index and a numerical index by LD number are provided for easy reference to bills. They are located at the back of the document. A separate publication, History and Final Disposition of Legislative Documents, may also be helpful in providing information on the disposition of bills.

Final action on each bill is noted to the right of the bill title. The abbreviations used for various categories of final action are as follows:

<i>CARRIED OVER</i> .....	<i>Bill carried over to Second Session</i>
<i>CON RES XXX</i> .....	<i>Chapter # of Constitutional Resolution passed by both Houses</i>
<i>CONF CMTE UNABLE TO AGREE</i> .....	<i>Committee of Conference unable to agree; bill died</i>
<i>DIED BETWEEN BODIES</i> .....	<i>House &amp; Senate disagree; bill died</i>
<i>DIED ON ADJOURNMENT</i> .....	<i>Action incomplete when session ended; bill died</i>
<i>EMERGENCY</i> .....	<i>Enacted law takes effect sooner than 90 days</i>
<i>FAILED EMERGENCY ENACTMENT</i> .....	<i>Emergency bill failed to get 2/3 vote</i>
<i>FAILED ENACTMENT</i> .....	<i>Bill failed to get majority vote</i>
<i>FAILED MANDATE ENACTMENT</i> .....	<i>Bill imposing local mandate failed to get 2/3 vote</i>
<i>INDEF PP</i> .....	<i>Bill Indefinitely Postponed</i>
<i>ONTP</i> .....	<i>Ought Not To Pass report accepted</i>
<i>P&amp;S XXX</i> .....	<i>Chapter # of enacted Private &amp; Special Law</i>
<i>PUBLIC XXX</i> .....	<i>Chapter # of enacted Public Law</i>
<i>RESOLVE XXX</i> .....	<i>Chapter # of finally passed Resolve</i>
<i>UNSIGNED</i> .....	<i>Not signed by Governor within 10 days</i>
<i>VETO SUSTAINED</i> .....	<i>Legislature failed to override Governor's Veto</i>

Please note the effective date for all non-emergency legislation enacted in the Second Regular Session (unless otherwise specified in a particular law) is July 4, 1996.

**LD 1079 An Act to Improve Coverage for Women's Health Services**

ONTP

Sponsor(s)  
MITCHELL JE  
MCCORMICK

Committee Report  
ONTP

Amendments Adopted

LD 1079 was carried over from the First Regular Session and proposed to make identical changes in the requirements for individual health insurance, group health insurance and health care coverage provided by nonprofit hospital and medical service organizations and health maintenance organizations. All requirements proposed to take effect on January 1, 1996. The requirements included the following.

1. Copayments and coinsurance may not be imposed for routine, low-dose screening mammograms. A deductible of no more than \$5 may be charged.
2. Coverage may not be denied or in any way affected by a person having had a prior diagnosis for a fibrocystic breast condition or a breast implantation.
3. Coverage must be provided for breast cancer treatment, subject to the same deductibles, copayments and coinsurance as for other services.
4. Plans that designate physicians as primary care providers must designate physicians providing gynecological and obstetrical services as primary care providers.

See related bills LD 752 and LD 1385.

**LD 1385 An Act to Ensure That Basic Health Care Needs of Women Are Covered in Insurance Policies**

PUBLIC 617

Sponsor(s)  
DONNELLY

Committee Report  
OTP-AM MAJ  
OTP-AM MIN

Amendments Adopted  
H-707  
H-822

LD 1385 was carried over from the First Regular Session and proposed to provide that health insurance policies must include coverage for prenatal care, annual Pap tests, mammograms, rectal and colon exams for women age 40 and older, human immunodeficiency virus and sexually transmitted disease. The bill also proposed to require that physicians whose specialty is obstetrics and gynecology be eligible to be primary care physicians under a managed care program.

**Committee Amendment "A" (H-707)** is the majority report of the committee and replaced the bill. It proposed to make the following changes in the requirements for group contracts provided by nonprofit hospital and medical service organizations, insurers and health maintenance organizations.

1. Coverage must be provided in all contracts for screening Pap tests recommended by a physician.
2. Managed care plans that require the selection of a primary care physician must permit physicians who specialize in obstetrics and gynecology to serve as primary care physicians if they meet certain credentialing criteria.

3. Managed care plans that require the selection of a primary care physician must provide coverage for an annual gynecological examination performed by a physician participating in the plan without requiring the prior approval of a primary care physician.

The amendment provides an effective date of January 1, 1997.

This amendment also proposed to add a fiscal note.

**Committee Amendment "B" (H-708)** is the minority report of the committee and replaced the bill. It proposed to make the following changes in the requirements for group contracts provided by nonprofit hospital and medical service organizations, insurers and health maintenance organizations.

1. Coverage must be provided in all contracts for screening Pap tests recommended by a physician.
2. Managed care plans that require the selection of a primary care physician must permit physicians who specialize in obstetrics and gynecology to serve as primary care physicians if they meet certain credentialing criteria.

The amendment provides an effective date of January 1, 1997.

This amendment also proposed to add a fiscal note. Committee Amendment "B" was not adopted.

**House Amendment "D" To Committee Amendment "A" (H-822)** incorporated the substantive provisions of House Amendments "A", "B" and "C" and Senate Amendment "A" and proposed to require the patient or the examining physician, certified nurse practitioner or certified nurse midwife to obtain a referral from the patient's primary care physician if further treatment is needed and the carrier requires that referral. This amendment proposed to allow a carrier to require a physician, certified nurse practitioner or certified nurse midwife to inform a woman's primary care physician prior to rendering gynecological services. This amendment also proposed to specify that all group plans must provide coverage for annual gynecological examinations performed by a certified nurse practitioner or certified nurse midwife, as well as those examinations performed by a physician.

**House Amendment "A" To Committee Amendment "A" (H-722)** proposed to clarify that all group plan contracts must provide coverage for annual gynecological examinations performed by a provider participating in the plan. House Amendment "A" was not adopted.

**House Amendment "B" To Committee Amendment "A" (H-810)** proposed to require the patient or the examining physician, certified nurse practitioner or certified nurse midwife to obtain a referral from the patient's primary care physician if further treatment is needed. This amendment also proposed to allow a carrier to require a physician, certified nurse practitioner or certified nurse midwife to inform the carrier prior to rendering gynecological services. House Amendment "B" was not adopted.

**House Amendment "C" To Committee Amendment "A" (H-819)** proposed to require the patient or the examining physician, certified nurse practitioner or certified nurse midwife to obtain a referral from the patient's primary care physician if further treatment is needed and the carrier requires that referral. This amendment also proposed allows a carrier to require a physician, certified nurse practitioner or certified nurse midwife to inform a woman's primary care physician

prior to rendering gynecological services. House Amendment “C” was not adopted.

**Senate Amendment "A" To Committee Amendment "A" (S-469)** proposed to specify that all group plans must provide coverage for annual gynecological examinations performed by a certified nurse practitioner or certified nurse midwife. Senate Amendment “A” was not adopted.

***Enacted law summary***

Public Law chapter 1995, chapter 617 requires that group health insurance policies provided by nonprofit hospital and medical service organizations, insurers and health maintenance organizations meet the following requirements beginning January 1, 1997.

1. Coverage must be provided in all contracts for screening Pap tests recommended by a physician.
2. Managed care plans that require the selection of a primary care physician must permit physicians who specialize in obstetrics and gynecology to serve as primary care physicians if they meet certain credentialing criteria.
3. Managed care plans that require the selection of a primary care physician must provide coverage for an annual gynecological examination performed by a physician, certified nurse practitioner or certified nurse midwife participating in the plan without requiring the prior approval of a primary care physician. Carriers may require a physician, certified nurse midwife or certified nurse practitioner to inform a woman’s primary care physician prior to rendering gynecological services. If the carrier requires, the patient or examining physician, certified nurse practitioner or certified nurse midwife must obtain a referral from the primary care physician if any further treatment is needed.

**LD 1512      An Act to Ensure Fairness and Choice to Patients and  
                  Providers under Managed Health Care**

ONTP

Sponsor(s)  
MCCORMICK  
AMERO  
LIBBY JD

Committee Report  
ONTP

Amendments Adopted

LD 1512 was carried over from the First Regular Session and proposed to provide fundamental protection to patients and providers in managed care health plans. The bill proposed to enact provisions to ensure that:

1. Patients understand the coverages and incentives in such plans;
2. Providers receive due process relative to plan selection and denial of participation;
3. Patients have access to the services for which they are covered and are provided with due process;
4. Patients and purchasers are given the opportunity to compare one plan with another, financially and otherwise;