L.D. 270
Date: (Filing No. H-)
HEALTH COVERAGE, INSURANCE AND FINANCIAL SERVICES
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STATE OF MAINE
HOUSE OF REPRESENTATIVES
132ND LEGISLATURE
FIRST SPECIAL SESSION
COMMITTEE AMENDMENT "" to H.P. 173, L.D. 270, "Resolve, Regarding Legislative Review of Portions of Chapter 850: Health Plan Accountability, a Major Substantive Rule of the Department of Professional and Financial Regulation, Bureau of Insurance"
Amend the resolve by striking out all of section 1 and inserting the following:
'Sec. 1. Adoption. Resolved: That final adoption of portions of Chapter 850: Health Plan Accountability, a provisionally adopted major substantive rule of the Department of Professional and Financial Regulation, Bureau of Insurance that has been submitted to the Legislature for review pursuant to the Maine Revised Statutes, Title 5, chapter 375, subchapter 2-A, is authorized only if the following changes are made:
1. The rule is amended in Section $8(G)(1)(c)(i)$ to remove the requirement that a written adverse health care treatment decision include the name and title of the person or persons evaluating the appeal and replace it with a requirement that the decision attest to the credentials of the person or persons evaluating the appeal and the person or persons evaluating the appeal were not involved in the initial decision and a requirement that the carrier identify a point of contact by name, address and telephone number to answer specific questions from the enrollee; and
2. The rule is amended in Section 9(B)(2)(b)(i) to remove the requirement that a written adverse benefit determination that does not involve a health care treatment decision include the name and title of the person or persons participating in the grievance review process and replace it with a requirement that the determination attest to the credentials of the person or persons participating in the grievance review process and that the person or persons participating in the grievance review process and that the person or persons participating in the grievance review process and that the person or persons participating in the grievance review process and that the person or persons participating in the grievance review process were not involved in the initial determination and a requirement that the carrier identify a point of contact by name, address and telephone number to answer specific questions from the enrollee.'

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COMMITTEE AMENDMENT

1	SUMMARY
2 3	This amendment amends the resolve to authorize final adoption of portions of Chapter 850: Health Plan Accountability, a major substantive rule of the Department of Professional
4	and Financial Regulation, Bureau of Insurance only if certain changes are made.
5	FISCAL NOTE REQUIRED
6	(See attached)

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COMMITTEE AMENDMENT