

PLEASE NOTE: Legislative Information **cannot** perform research, provide legal advice, or interpret Maine law. For legal assistance, please contact a qualified attorney.

Amend the bill by striking out the title and substituting the following:

**'An Act To Strengthen Disclosure about Provider Networks
in Health Insurance Plans to Consumers and Providers'**

Amend the bill by striking out everything after the enacting clause and before the summary and inserting the following:

'Sec. 1. 24-A MRSA §4303, sub-§19 is enacted to read:

19. Information about provider networks. A carrier offering a managed care plan shall prominently disclose to applicants, prospective enrollees and enrollees information about the carrier's provider network for the applicable managed care plan, including whether there are hospitals, health care facilities, physicians or other providers not included in the plan's network and any differences in an enrollee's financial responsibilities for payment of covered services to a participating provider and to a provider not included in a provider network. The superintendent may adopt rules that set forth the manner, content and required disclosure of the information in accordance with this subsection. Rules adopted pursuant to this subsection are routine technical rules as defined in Title 5, chapter 375, subchapter 2-A.

Sec. 2. 24-A MRSA §4303-B is enacted to read:

§ 4303-B. Disclosure related to provider networks

1. Disclosure. Upon request, a carrier shall provide to a provider to which the carrier has decided not to offer the opportunity to participate or that the carrier has decided not to include as a participating provider in any of the carrier's provider networks a written explanation of the reason for the carrier's decision. The written explanation provided by the carrier must indicate whether the reason for not offering the provider the opportunity to contract or for not including the provider in any network was related to the provider's performance with respect to quality, cost or cost-efficiency.

2. No right of action. A provider has no right of action as the result of a disclosure made in accordance with this section.'

SUMMARY

This amendment is the majority report of the committee and replaces the bill. The amendment requires a health insurance carrier to disclose information about its provider networks, including whether there are any hospitals, health care facilities, physicians or other providers not included in the provider's network and any differences in an enrollee's financial responsibilities for payment of covered services to a participating provider and to a provider not included in a provider network. The amendment authorizes the Superintendent of Insurance to adopt rules setting forth the manner, content and required disclosure of the information and specifies that those rules are routine technical rules.

The amendment also requires a health insurance carrier to disclose upon request from a provider the reason for the carrier's decision not to offer the provider the opportunity to participate or to include the provider in any provider network of the carrier. The amendment requires that the written explanation indicate whether the reason was related to the provider's performance with respect to quality, cost or cost-efficiency.

The amendment stipulates that a provider has no right of action as the result of such a disclosure.