

Date:

(Filing No. H-)

HEALTH COVERAGE, INSURANCE AND FINANCIAL SERVICES

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**STATE OF MAINE
HOUSE OF REPRESENTATIVES
131ST LEGISLATURE
FIRST SPECIAL SESSION**

COMMITTEE AMENDMENT “ ” to H.P. 630, L.D. 995, “An Act to Provide Insurance Coverage for a Second Opinion If a Health Care Provider Recommends an Abortion for Health or Safety Reasons”

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

'An Act to Enhance Access to a Second Opinion for Health Care Services or Treatment'

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

'Sec. 1. 24-A MRSA §4303, sub-§25 is enacted to read:

25. Second opinion. An enrollee in a health plan may not be required to obtain a 2nd opinion from a provider that practices in the same office location as the enrollee's provider. Notwithstanding any provision of this Title to the contrary, if the 2nd opinion is obtained from an out-of-network provider because a network provider is not available in accordance with section 4303, subsection 1 and Bureau of Insurance Rule Chapter 850: Health Plan Accountability, a carrier may not apply a deductible, coinsurance or copayment for the 2nd opinion in an amount greater than the deductible, coinsurance or copayment that would apply to the same health care service if the service were obtained from a network provider, and the amount of any coinsurance or copayment must be applied to the enrollee's in-network deductible.

Sec. 2. Application. The requirements of this Act apply to all policies, contracts and certificates 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.

COMMITTEE AMENDMENT

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SUMMARY

This amendment is the majority report of the committee. The amendment replaces the bill and changes the title. The amendment provides that an enrollee in a health plan may not be required to obtain a 2nd opinion from a provider that practices in the same office location as the enrollee's provider. The amendment also requires that, if the 2nd opinion is obtained from an out-of-network provider, a carrier may not apply a deductible, coinsurance or copayment for the 2nd opinion in an amount greater than the deductible, coinsurance or copayment that would apply to the same health care service if the service were obtained from a network provider, and the amount of any coinsurance or copayment must be applied to the enrollee's in-network deductible. The requirements apply to health plans issued or renewed on or after January 1, 2024.

FISCAL NOTE REQUIRED

(See attached)