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Legislative Document

No. 556

H.P. 401

House of Representatives, February 24, 2021

An Act Regarding Copayment and Coinsurance Issues for Chiropractors

Received by the Clerk of the House on February 22, 2021. Referred to the Committee on Health Coverage, Insurance and Financial Services pursuant to Joint Rule 308.2 and ordered printed pursuant to Joint Rule 401.

A handwritten signature in cursive script that reads "R B. Hunt".

ROBERT B. HUNT
Clerk

Presented by Representative DOORE of Augusta.

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

2 **Sec. 1. 24-A MRSA §2748, sub-§2**, as enacted by PL 1985, c. 516, §3, is amended
3 to read:

4 **2. Limits; coinsurance; copayments; deductibles.** ~~Any~~ Except as provided in this
5 subsection, any contract which that provides coverage for the services required by this
6 section may contain provisions for maximum benefits ~~and coinsurance~~ and reasonable
7 limitations, deductibles and exclusions to the extent that these provisions are not
8 inconsistent with the requirements of this section or the limitations, ~~coinsurance,~~
9 ~~deductibles or exclusions imposed on other providers.~~ A contract may not contain a
10 provision for a copayment or coinsurance requirement for a health care service or procedure
11 provided by a chiropractic provider unless the copayment or coinsurance requirement does
12 not exceed the copayment or coinsurance requirement applicable to the same service or
13 procedure provided by a primary care provider in the insurer's provider network. A
14 profession-specific manipulation code may not authorize a copayment or coinsurance
15 requirement that exceeds the copayment or coinsurance requirement for an evaluation and
16 management service when performed by a primary care provider in the insurer's provider
17 network.

18 **Sec. 2. 24-A MRSA §2748, sub-§5**, as enacted by PL 2015, c. 111, §1 and affected
19 by §4, is amended to read:

20 **5. Reimbursement; discrimination.** An insurer subject to this section may not refuse
21 to reimburse a chiropractic provider who participates in the insurer's provider network for
22 providing a health care service or procedure covered by the insurer as long as the
23 chiropractic provider is acting within the lawful scope of that provider's license in the
24 delivery of the covered service or procedure. Consistent with reasonable medical
25 management techniques specified under the insurer's contract with respect to the method,
26 treatment or setting for a covered service or procedure, the insurer may not discriminate
27 based on the chiropractic provider's license. This subsection does not require an insurer to
28 accept all chiropractic providers into a network or govern the amount of the reimbursement
29 paid to a chiropractic provider, except as provided in subsection 2.

30 **Sec. 3. 24-A MRSA §2840-A, sub-§2**, as enacted by PL 1985, c. 516, §5, is
31 amended to read:

32 **2. Limits; coinsurance; copayments; deductibles.** ~~Any~~ Except as provided in this
33 subsection, any contract which that provides coverage for the services required by this
34 section may contain provisions for maximum benefits ~~and coinsurance~~ and reasonable
35 limitations, deductibles and exclusions to the extent that these provisions are not
36 inconsistent with the requirements of this section. A contract may not contain a provision
37 for a copayment or coinsurance requirement for a health care service or procedure provided
38 by a chiropractic provider unless the copayment or coinsurance requirement does not
39 exceed the copayment or coinsurance requirement applicable to the same service or
40 procedure provided by a primary care provider in the insurer's provider network. A
41 profession-specific manipulation code may not authorize a copayment or coinsurance
42 requirement that exceeds the copayment or coinsurance requirement for an evaluation and
43 management service when performed by a primary care provider in the insurer's provider
44 network.

1 **Sec. 4. 24-A MRSA §2840-A, sub-§5**, as enacted by PL 2015, c. 111, §2 and
2 affected by §4, is amended to read:

3 **5. Reimbursement; discrimination.** An insurer subject to this section may not refuse
4 to reimburse a chiropractic provider who participates in the insurer's provider network for
5 providing a health care service or procedure covered by the insurer as long as the
6 chiropractic provider is acting within the lawful scope of that provider's license in the
7 delivery of the covered service or procedure. Consistent with reasonable medical
8 management techniques specified under the insurer's contract with respect to the method,
9 treatment or setting for a covered service or procedure, the insurer may not discriminate
10 based on the chiropractic provider's license. This subsection does not require an insurer to
11 accept all chiropractic providers into a network or govern the amount of the reimbursement
12 paid to a chiropractic provider, except as provided in subsection 2.

13 **Sec. 5. 24-A MRSA §4236, sub-§2**, as amended by PL 2015, c. 111, §3 and
14 affected by §4, is further amended to read:

15 **2. Benefits; discrimination.** The health maintenance organization shall provide
16 benefits covering care by chiropractic providers at least equal to and consistent with the
17 benefits paid to other health care providers treating similar neuro-musculoskeletal
18 conditions. A health maintenance organization may not refuse to reimburse a chiropractic
19 provider who participates in the health maintenance organization's provider network for
20 providing a health care service or procedure covered by the health maintenance
21 organization as long as the chiropractic provider is acting within the lawful scope of that
22 provider's license in the delivery of the covered service or procedure. Consistent with
23 reasonable medical management techniques specified under the health maintenance
24 organization's contract with respect to the method, treatment or setting for a covered service
25 or procedure, the health maintenance organization may not discriminate based on the
26 chiropractic provider's license. This subsection does not require a health maintenance
27 organization to accept all chiropractic providers into a network or govern the
28 reimbursement paid to a chiropractic provider, except as provided in subsection 4.

29 **Sec. 6. 24-A MRSA §4236, sub-§4** is enacted to read:

30 **4. Copayments; coinsurance.** A health maintenance organization contract may not
31 contain a provision for a copayment or coinsurance requirement for a health care service
32 or procedure provided by a chiropractic provider unless the copayment or coinsurance
33 requirement does not exceed the copayment or coinsurance requirement applicable to the
34 same service or procedure provided by a primary care provider in the health maintenance
35 organization's provider network. A profession-specific manipulation code may not
36 authorize a copayment or coinsurance requirement that exceeds the copayment or
37 coinsurance requirement for an evaluation and management service when performed by a
38 primary care provider in the health maintenance organization's provider network.

39 **Sec. 7. Application.** The requirements of this Act apply to all individual and group
40 policies, contracts and certificates issued for delivery, continued or renewed in this State
41 on or after January 1, 2022. For purposes of this Act, all contracts are deemed to be
42 renewed no later than the next yearly anniversary of the contract date.

SUMMARY

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This bill provides that the copayment or coinsurance amount paid by a patient for services provided by a chiropractor may not exceed the copayment or coinsurance amount for services provided by a primary care provider. The bill applies to individual and group health insurance policies and to individual and group health maintenance organization contracts issued or renewed on or after January 1, 2022.