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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. 414, L.D. 637, “An Act to Promote the Use of Free Annual Wellness Visits by Ensuring Proper Medical Billing”

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

'An Act to Promote the Use of Free Annual Wellness Visits by Ensuring Proper Disclosure'

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

'Sec. 1. 22 MRSA §1718-H is enacted to read:

§1718-H. Disclosure related to annual wellness visit

A health care entity, as defined in section 1718-B, subsection 1, paragraph B, at the time of an annual wellness visit by an insured patient, shall disclose to the patient that not all services provided during the course of an annual wellness visit may be covered as preventive services without any out-of-pocket costs to the patient by the patient's health plan, as defined in Title 24-A, section 4301-A, subsection 7, and that, if the patient has questions about the scope of covered services under the patient's health plan, the patient should contact the patient's health insurance carrier.

Sec. 2. 24-A MRSA §4303, sub-§15, as enacted by PL 2011, c. 364, §26, is amended to read:

15. Uniform explanation of coverage documents and standardized definitions. A carrier offering a health plan in this State shall:

A. Provide to applicants, enrollees and policyholders or certificate holders a summary of benefits and an explanation of coverage that accurately describe the benefits and coverage under the applicable plan or coverage. A summary of benefits and an explanation of coverage must conform with the requirements of the federal Affordable Care Act; ~~and~~

COMMITTEE AMENDMENT

1 B. Use standard definitions of insurance-related and medical-related terms in
2 connection with health insurance coverage as required by the federal Affordable Care
3 Act; and

4 C. Provide notice to enrollees and policyholders or certificate holders that preventive
5 services are covered without cost sharing as provided in section 4320-A, subsection 1,
6 but services related to a specific health concern, condition or injury may be separately
7 billed as an office visit and may be subject to cost-sharing requirements as provided in
8 the health plan.

9 **Sec. 3. Application.** That section of this Act that amends the Maine Revised
10 Statutes, Title 24-A, section 4303, subsection 15 applies to all policies, contracts and
11 certificates executed, delivered, issued for delivery, continued or renewed in this State on
12 or after January 1, 2024. For purposes of this Act, all policies, contracts and certificates are
13 deemed to be renewed no later than the next yearly anniversary of the contract date.'

14 Amend the bill by relettering or renumbering any nonconsecutive Part letter or section
15 number to read consecutively.

16 **SUMMARY**

17 This amendment is the majority report of the committee and replaces the bill. The
18 amendment requires health care providers and health insurance carriers to provide notice
19 about services included in annual wellness visits and that some services performed during
20 a wellness visit and services related to a specific health condition may have an out-of-
21 pocket cost. The requirements for health insurance carriers apply beginning January 1,
22 2024.

23 **FISCAL NOTE REQUIRED**

24 **(See attached)**