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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
SECOND REGULAR SESSION**

COMMITTEE AMENDMENT “ ” to H.P. 953, L.D. 1498, “An Act to Create an Advocacy and Complaint Process for Health Care Providers Within the Bureau of Insurance”

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

'An Act to Create a Liaison Program and Complaint Process Within the Bureau of Insurance for Independent Health Care Providers'

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

'Sec. 1. 24-A MRSA c. 56-A, sub-c. 2-B is enacted to read:

SUBCHAPTER 2-B

INDEPENDENT HEALTH CARE PROVIDER ASSISTANCE

§4329. Independent health care provider assistance

1. Independent health care provider defined. For the purposes of this section, "independent health care provider" means an independent health care practitioner or group of independent health care practitioners with 6 or fewer health care practitioners, but does not include a health care practitioner employed by a hospital or health system or a group of health care practitioners that is owned or operated, in whole or in part, by a hospital or health system.

2. Liaison program. The bureau shall establish a liaison program, referred to in this section as "the program," to provide assistance to independent health care providers as set forth in this section.

3. Duties. The duties of the program include:

COMMITTEE AMENDMENT

1 A. Providing information to independent health care providers on how to contact the
2 program for assistance through the bureau's publicly accessible website and through a
3 toll-free number;

4 B. Providing information to independent health care providers on the bureau's publicly
5 accessible website regarding the State's health insurance laws and rules and the rights
6 and responsibilities of carriers and health care providers;

7 C. Assisting independent health care providers with inquiries related to the State's
8 health insurance laws and rules; and

9 D. Receiving information from independent health care providers regarding regulatory
10 or compliance issues that may have a market-wide impact.

11 **4. Provider complaint process.** The bureau shall establish a process to receive and
12 investigate complaints from independent health care providers regarding an alleged
13 violation of any provision of this Title or any rule adopted pursuant to this Title. The bureau
14 may also receive and investigate complaints from providers other than independent health
15 care providers.

16 **5. Confidentiality.** With respect to the program or complaints, records,
17 correspondence and reports of investigation in connection with actual or claimed violations
18 of this Title or a rule adopted pursuant to this Title are confidential to the same extent as
19 records, correspondence and reports of investigation of consumer complaints under section
20 216.

21 **6. Procedures for data collection.** The bureau may establish procedures for collecting,
22 tracking and quantifying requests for assistance and complaints.

23 **7. Aggregate information.** The bureau shall compile and publish aggregate
24 information regarding complaints received under subsection 4 on its publicly accessible
25 website.

26 **8. Staffing resources.** The bureau may consider staffing resources and any limitations
27 on those resources when establishing guidelines regarding the assistance provided through
28 the program and complaint process.

29 **9. Rules.** The bureau may adopt rules to implement this section. Rules adopted
30 pursuant to this subsection are routine technical rules as defined in Title 5, chapter 375,
31 subchapter 2-A.

32 **10. No legal representation.** This section does not authorize the bureau to act as a
33 legal representative of a provider or to provide assistance with contract negotiations or
34 interpretations of the terms of contracts between providers and carriers in any manner
35 through the program or complaint process.

36 **Sec. 2. Appropriations and allocations.** The following appropriations and
37 allocations are made.

38 **PROFESSIONAL AND FINANCIAL REGULATION, DEPARTMENT OF**

39 **Insurance - Bureau of 0092**

40 Initiative: Provides funding for one Senior Insurance Analyst position to manage the
41 independent health care provider assistance liaison program and complaint process.

42 **OTHER SPECIAL REVENUE FUNDS** **2023-24** **2024-25**

1	POSITIONS - LEGISLATIVE COUNT	0.000	1.000
2	Personal Services	\$0	\$100,788
3	All Other	\$0	\$15,725
4			
5	OTHER SPECIAL REVENUE FUNDS TOTAL	\$0	\$116,513

6

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

9

SUMMARY

10 This amendment changes the title and replaces the bill. The amendment requires the
11 Department of Professional and Financial Regulation, Bureau of Insurance to establish a
12 liaison program to assist independent health care providers and to establish a process to
13 receive and investigate provider complaints. The amendment limits the scope of certain
14 services to be provided by the bureau to an independent health care practitioner or group
15 of independent health care practitioners with 6 or fewer health care practitioners and does
16 not include a health care practitioner or group of health care practitioners that is owned or
17 operated, in whole or in part, by a hospital or health system.

18 Under the liaison program, the amendment requires the bureau to assist independent
19 health care providers in obtaining information about health insurance laws and rules and to
20 receive concerns regarding regulatory or compliance issues that may have a market-wide
21 impact.

22 The amendment also requires the bureau to establish a process to receive and
23 investigate complaints from independent health care providers regarding an alleged
24 violation of any insurance law or rule and also authorizes the bureau to receive and
25 investigate complaints from other providers. The amendment makes clear that the bureau
26 is not authorized to act as a legal representative of a provider or to provide assistance with
27 contract negotiations or interpretations of the terms of contracts between providers and
28 carriers in any manner through the liaison program or complaint process.

29

FISCAL NOTE REQUIRED

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(See attached)