

**LD 254, An Act to Allow
Certified Registered Nurse Anesthetists to Bill for Their Services**

SUMMARY:

This bill makes the following changes related to health insurance coverage for services provided by certified registered nurse anesthetists (CRNA):

- Requires coverage if those services are within a CRNA's scope of practice and are covered services under a health plan;
- Permits carriers to impose a deductible, copayment or coinsurance requirement for a healthcare service provided by a CRNA as long as the deductible, copayment or coinsurance does not exceed the deductible, copayment or coinsurance applicable to the same service provided by other health care providers;
- Provides that carriers may not prohibit a CRNA from participating in a carrier's provider network or billing the carrier directly solely because the provider is a certified registered nurse anesthetist as long as the provider is willing to meet the same terms and conditions as other participating providers; and
- Requires CRNA's to bill for their services by submitting claims electronically using the standard claim form for professional services approved by the federal Government.

The bill makes the requirement applicable to policies, contracts and certificates executed, issued or renewed on or after January 1, 2023.

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LEGISLATIVE HISTORY:

LD 254 reflects the language unanimously supported by HCIFS Committee in 129th Legislature in LD 1434, An Act to Allow Certified Registered Nurse Anesthetists to Bill for Their Services. LD 1434 was voted OTP-A by HCIFS and reported out of committee, but was not taken up in any special session before termination of the 129th Legislature. The language was developed with input of stakeholders.

ISSUES FOR CONSIDERATION:

1. As drafted, the requires coverage and reimbursement for services of certified nurse anesthetist provided within the lawful scope of practice. Under 24-A MRSA §2752, a mandated health benefit proposal is one that mandates health insurance coverage for specific health services, specific diseases or certain providers of health care services as part of individual or group health insurance policies. This proposal meets the definition of mandated benefit proposal under Title 24-A MRSA § 2752 and so would be subject to review and evaluation by the Bureau of Insurance before enactment. The statute requires the legislation to be sent to the Bureau for review if after the hearing a majority of the Committee supports the proposal and requests a review. If a report is required, BOI has indicated a cost of up to \$13,500 for outside contract consulting work plus staff time, estimated at a cost of \$1,600 to collect information, review consultant work, and prepare the final report. BOI anticipates that current resources will allow us to conduct up to two studies during the current session; each report takes approximately 8 weeks to prepare. Section 3 of LD 254 would exempt this bill from such a review.

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ISSUES FOR CONSIDERATION (cont'd):

2. Pursuant to the federal Affordable Care Act, beginning in 2014, states were required to defray the costs of all mandates adopted after December 31, 2011 that are included in qualified health plans, unless those mandates were already required as part of the essential benefit package. Federal guidance has indicated that provider mandates (as in LD 254) are not considered additions to essential health benefits package so the State would not be responsible for defraying costs of additional benefits if this bill is enacted. However, consider any potential for additional premium costs for private plans and State Employee Health Plan? Note that language voted on last session and reflected in LD 254 had no fiscal impact.

3. Under current law in [32 MRSA §2211](#), nurse anesthetists are permitted to practice independently without supervision of a surgeon or other physician (and be reimbursed independently) when providing services in critical access hospitals. As drafted, LD 254 would require coverage and reimbursement for nurse anesthetists when the services are within a CRNA's scope of practice and are covered services under a health plan.

4. Under current law, health insurance carriers are required to provide coverage for services performed by a certified nurse practitioner or certified nurse midwife to a patient when those services are covered services and within the lawful scope of practice of the certified nurse practitioner or certified nurse midwife. LD 254 would provide similar requirements for certified registered nurse anesthetists. See 24-A MRSA [§2757](#), [§2847-G](#) and [§4248](#).

FISCAL INFORMATION:

Not yet determined, although language voted on last session and reflected in LD 254 had no fiscal impact