



STATE OF MAINE
DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION
BUREAU OF INSURANCE



Janet T. Mills
Governor

Anne L. Head
DPFR Commissioner

Timothy N. Schott
Acting Superintendent

February 9, 2023

Senator Donna Bailey, Chair
Representative Anne Perry, Chair
Joint Standing Committee on Health Coverage, Insurance and Financial Services
100 State House Station
Augusta, ME 04333-0100

Re: L.D. 224, An Act to Strengthen Maine's Health Care Workforce by Preventing Discrimination by
Requiring Maintenance of Certification for Insurance Reimbursement

Dear Senator Bailey, Representative Perry, and Members of the Committee:

The Bureau of Insurance takes no position on L.D. 224. The purpose of this letter is to provide you with background information.

This bill would prohibit a major medical carrier from denying payment, providing a lower payment rate, denying participation in a network or determining insurance empanelment for a physician, outpatient clinical practice, or hospital because they do not participate in a maintenance of certification program. A "maintenance of certification program" is defined by the bill as the satisfactory participation in a program beyond the continuing medical education requirements currently in place by the Board of Licensure in Medicine or Board of Osteopathic Licensure, or initial board certification by a national or regional medical specialty board.

32 M.R.S. § 3271(2), enacted during the 128th Legislature, prohibits the Board of Medicine from requiring a physician to obtain a maintenance of certification as a condition of licensure.

Eight states (Arkansas, Georgia, Michigan, North Dakota, Oklahoma, South Carolina, Tennessee, and Texas) prohibit major medical carriers from requiring physician participation in a maintenance of certification program. These states have slightly different approaches to prohibitions related to nonparticipation in maintenance of certification programs: Arkansas, Georgia, Oklahoma and South Carolina prohibit denying reimbursement. Michigan prohibits reimbursement denial, but solely applies it to primary care pediatricians, internists and family medicine physicians. North Dakota and Tennessee prohibit both reimbursement denial and denial of participation in provider networks. Texas prohibits, with certain exceptions, denial of payment, reimbursement and contracting.

Currently, the Maine Insurance Code's Health Plan Improvement Act does not address the substantive credentialing process, but it does set a number of credentialing standards. For example, it has a provision that governs the amount of time insurers have for a credentialing decision once a completed credentialing application has been received.¹ There is also a procedure for the handling of claims incurred during the credentialing process.²

¹ 24-A M.R.S. § 4303(2).

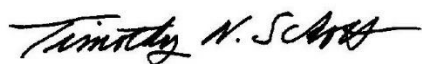
² 24-A M.R.S. § 4303(2-A).

Rule Ch. 850, pursuant to the Health Plan Improvement Act, further addresses credentialing by requiring that credentialing procedures be made available to providers upon written request, addressing confidentiality of credentialing applications, carrier record retention requirements, application verification ability, and the professional review process.³ A carrier may utilize separate or additional criteria in selecting the health professionals with whom it contracts.⁴ The required credentialing elements in Rule 850 are considered the “floor”; a carrier can choose to go above them if this will ensure greater quality care will be given.

The Bureau has not received any inquiries from providers regarding insurers requiring participation in maintenance of certification programs.

I hope this information is useful to the Committee. Please let me know if I can provide any further assistance.

Sincerely,



Timothy N. Schott
Acting Superintendent

³ Rule 850 § 7(G).

⁴ Rule 850 § 7(G)(12)(e)

