

PLEASE NOTE: Legislative Information **cannot** perform research, provide legal advice, or interpret Maine law. For legal assistance, please contact a qualified attorney.

An Act To Protect Consumers against Inadequate Health Care Coverage

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

Sec. 1. 24-A MRSA §4202-A, sub-§1, as amended by PL 2001, c. 218, §1, is further amended to read:

1. Basic health care services. "Basic health care services" means health care services that an enrolled population might reasonably require in order to be maintained in good health and includes, at a minimum, emergency care, inpatient hospital care, inpatient physician services, outpatient physician services, ancillary services such as x-ray services and laboratory services and all benefits mandated by statute and mandated by rule applicable to health maintenance organizations. ~~The superintendent may adopt rules defining "basic health care services" to be provided by health maintenance organizations. In adopting such rules, the superintendent shall consider the coverages that have traditionally been provided by health maintenance organizations; the need for flexibility in the marketplace; and the importance of providing multiple options to employers and consumers. The superintendent may not require that all health benefit plans offered by health maintenance organizations meet or exceed each of the particular requirements of standard or basic health plans specified in Bureau of Insurance Rule, Chapter 750. The superintendent may select required services from among those set forth in Bureau of Insurance Rule, Chapter 750 and shall permit reasonable, but not excessive or unfairly discriminatory, variations in the copayment, coinsurance, deductible and other features of such coverage, except that these features must meet or exceed those required in benefits mandated by statute. Rules adopted pursuant to this subsection are major substantive rules as defined in Title 5, chapter 375, subchapter II-A.~~

Sec. 2. 24-A MRSA §4303, sub-§12 is enacted to read:

12. Certain high deductible health plans prohibited. For policies issued or renewed on or after October 1, 2007, a carrier may not offer a health plan that imposes an annual deductible of \$1,500 or higher.

Sec. 3. Bureau of Insurance rulemaking. By October 1, 2007, the Department of Professional and Financial Regulation, Bureau of Insurance shall amend its Rule Chapter 750: Standardized Health Plans to repeal Part II of the rule. Rules adopted pursuant to this section are routine technical rules as defined in Title 5, chapter 375, subchapter 2-A.

SUMMARY

This bill prohibits health insurance carriers from offering health plans with deductibles of \$1,500 or higher. The bill applies to all health plans issued or renewed on or after October 1, 2007. The bill also removes the authority of the Department of Professional and financial Regulation, Bureau of Insurance to adopt rules that give carriers flexibility with regard to deductible and requires the Bureau of Insurance to repeal Part II of Rule Chapter 750: Standardized Health Plans.