

MHA Legislative Agenda

MHA has caused to be filed six different pieces of legislation for the upcoming session.

- *An Act to Align the ACA's Healthcare Coverage Opportunities and Hospital Charity Care*

This bill proposes to align Maine's mandatory charity care law and the availability of subsidized health insurance coverage pursuant to the ACA.

- *An Act to Update Reporting to the Bureau of Insurance*

This bill deals with the issue of notices of medical malpractice claims being sent to the Department of Health and Human Services. We believe that notices of the disposition of a claim should be forwarded to DHHS but not the notice of the mere filing of a claim since many claims are frivolous or non-meritorious. The notices of claims has spurred several fruitless surveys by DHHS licensing.

- *An Act to Regarding Notice Provided by Carriers to Providers*

This bill requires insurance carriers to give healthcare providers notice that an individual is more than 30 days in arrears on his/her premiums because the carrier may not have to pay the individual's medical bills after day 30 if the patient fails to pay the premiums due.

- *An Act to Assist Patients in Need of Psychiatric Services*

This bill proposes to take steps to help provide acute psychiatric care in an inpatient setting by relieving the stress on those inpatient beds created when patients can not be discharged to community residential providers for various reasons.

- *An Act To Improve Maine's Involuntary Commitment Processes*

This this bill was informed by the Judiciary's report "Recommendations for Improving the Involuntary Commitment Process," dated December 15, 2014. It amends Maine's involuntary hospitalization statutes by:

- a) Creating exceptions to the 24-hour hospital emergency hold period to authorize a hospital to involuntarily detain a mentally ill person meeting criteria for emergency psychiatric hospitalization for two additional 48-hour periods;
- b) Codifying Maine's common law "emergency exception" to informed consent to authorize a health care practitioner to administer involuntary treatment to a person being involuntarily held or detained if the person's condition poses a serious, imminent risk to the person's physical or mental health and other conditions are met;
- c) Permitting medical examinations and consultations required or permitted under Maine's involuntary hospitalization statutes to be conducted using telemedicine technologies.

d) Other minor changes.

- *An Act to Require Payment by Carriers for Healthcare Services Provided to Enrollees of the Carrier*

Doctors who treat enrollees of a carrier are not compensated for care provided during the pendency of a credentialing application with the carrier. This bill requires retroactive payment to a provider for services rendered up to 60 days prior to credentials being granted.