

	L.D. 1865
2	DATE: 3-24-04 (Filing No. H-797)
4	
6	INSURANCE AND FINANCIAL SERVICES
8	
10	Reproduced and distributed under the direction of the Clerk of the House.
12	STATE OF MAINE
14	HOUSE OF REPRESENTATIVES 121ST LEGISLATURE
16	SECOND SPECIAL SESSION
18	COMMITTEE AMENDMENT "A" to H.P. 1388, L.D. 1865, "Resolve,
20	Regarding Legislative Review of Portions of Chapter 755: Health Insurance Classifications, Disclosure and Minimum Standards, a
22	Major Substantive Rule of the Department of Professional and Financial Regulation, Bureau of Insurance"
24	
26	Amend the resolve by striking out the title and substituting the following:
28	'Resolve, Regarding Legislative Review of Chapter 755: Health Insurance Classifications, Disclosure and Minimum Standards, a
30	Major Substantive Rule of the Department of Professional and Financial Regulation, Bureau of Insurance'
32	Further amend the resolve by striking out everything after
34	the emergency preamble and before the emergency clause and inserting in its place the following:
36	'Sec. 1. Adoption. Resolved: That final adoption of Chapter
38	755: Health Insurance Classifications, Disclosure and Minimum
40	Standards, a provisionally adopted major substantive rule of the Department of Professional and Financial Regulation, Bureau of Insurance that has been submitted to the Legislature for review
42	pursuant to the Maine Revised Statutes, Title 5, chapter 375, subchapter 2-A is authorized only if the following changes are
44	made.
46	1. In Section 4(K) with regard to the definition of preexisting condition, the look-back period for a preexisting
48	condition is changed from 12 months to 24 months.

M

¢

Page 1-LR2789(2)

COMMITTEE AMENDMENT

COMMITTEE AMENDMENT "A" to H.P. 1388, L.D. 1865

12

18

36

38

In Section 5(A) with regard to prohibited policy
 provisions, language is added to clarify that that section is not intended to restrict the use of elimination periods for
 disability income benefits.

6 In Section 6(A) with regard to minimum standards for з. health insurance benefits generally, language is added to permit an insurer to void or contest a policy or deny claims for a 8 sickness first manifested before the effective date of the policy 10 that was fraudulently not disclosed or fraudulently misrepresented in an application for coverage.

4. In Section 6(A)(8) with regard to minimum standards for
14 health insurance benefits generally, the maximum time period between the date of an accident and the date of loss is shortened
16 from 180 days to 90 days for accidental death and dismemberment benefits and from 90 days to 30 days for disability coverage.

- 5. In Section 6(H) with regard to minimum standards for 20 individual disability income protection coverage, the maximum elimination period is changed from 365 days to 730 days in cases 22 of coverage having a benefit period of more than 2 years, and the shortest permissible maximum benefit period is changed from 6 24 months to 3 months.
- 6. In Section 6(J)(2)(c) with regard to specified disease coverage, language is added to provide an exception for lump-sum benefits based on diagnosis of a specified disease.

30 7. In Section 6(J)(4) and Section 6(J)(5) with regard to specified disease coverage, language is added to permit the
32 Superintendent of Insurance to approve different minimum benefits for cancer coverage on an expense-incurred basis or a per diem
34 indemnity basis if the superintendent determines that the minimum benefits are in the interest of the consumer.'

SUMMARY

 This amendment authorizes final adoption of Chapter 755: Health Insurance Classifications, Disclosure and Minimum
 Standards, a Major Substantive Rule of the Department of Professional and Financial Regulation, Bureau of Insurance
 provided that these specified changes are made.

 46 1. With regard to the definition of preexisting condition exclusion, the look-back period is changed from 12 months to 24
 48 months.

Page 2-LR2789(2)

COMMITTEE AMENDMENT

COMMITTEE AMENDMENT "A" to H.P. 1388, L.D. 1865

2

4

24

28

2. With regard to prohibited policy provisions, language is added to clarify that the section is not intended to restrict the use of elimination periods for disability income benefits.

With regard to minimum standards for health insurance
 benefits generally, language is added to permit an insurer to
 void or contest a policy or deny claims for a sickness first
 manifested before the effective date of the policy that was
 fraudulently not disclosed or fraudulently misrepresented in an
 application for coverage.

4. With regard to minimum standards for health insurance benefits generally, the maximum time period between the date of an accident and the date of loss is shortened from 180 days to 90 days for accidental death and dismemberment benefits and from 90
days to 30 days for disability coverage.

18 5. With regard to minimum standards for individual disability income protection coverage, the maximum elimination 20 period is changed from 365 days to 730 days in cases of coverage having a benefit period of more than 2 years, and the shortest 22 permissible maximum benefit period is changed from 6 months to 3 months.

6. With regard to specified disease coverage, language is
 added to provide an exception for lump-sum benefits based on
 diagnosis of a specified disease.

7. With regard to specified disease coverage, language is 30 added to permit the Superintendent of Insurance to approve benefits different minimum for cancer coverage on anexpense-incurred basis or a per diem indemnity basis if the 32 superintendent determines that the minimum benefits are in the interest of the consumer. 34

36 The amendment also changes the title of the resolve and clarifies the language to reflect that all of Chapter 755 38 required legislative review.

FISCAL NOTE REQUIRED (See attached)

Page 3-LR2789(2)

COMMITTEE AMENDMENT



121st Maine Legislature Office of Fiscal and Program Review

LD 1865

Resolve, Regarding Legislative Review of Portions of Chapter 755: Health Insurance Classifications, Disclosure and Minimum Standards, a Major Substantive Rule of the Department of Professional and Financial Regulation, Bureau of Insurance

LR 2789(02)

Fiscal Note for Bill as Amended by Committee Amendment " " Committee: Insurance and Financial Services Fiscal Note Required: Yes

Fiscal Note

Minor cost increase - Other Special Revenue Funds

Fiscal Detail and Notes

Additional cost to the Department of Professional and Financial Regulation can be absorbed utilizing existing resources.