

# MAINE STATE LEGISLATURE

The following document is provided by the  
**LAW AND LEGISLATIVE DIGITAL LIBRARY**  
at the Maine State Law and Legislative Reference Library  
<http://legislature.maine.gov/lawlib>



Reproduced from scanned originals with text recognition applied  
(searchable text may contain some errors and/or omissions)

---

---

ONE HUNDRED AND SEVENTH LEGISLATURE

---

---

Legislative Document

No. 1378

H. P. 1096

House of Representatives, March 24, 1975

On Motion of Mrs. Clark of Freeport, referred to the Committee on Business Legislation. Sent up for concurrence and ordered printed.

EDWIN H. PERT, Clerk

Presented by Mr. Hobbins of Saco.

---

---

STATE OF MAINE

IN THE YEAR OF OUR LORD NINETEEN HUNDRED  
SEVENTY-FIVE

---

---

**AN ACT Concerning the Coverage of Newborn Children under Certain Health Insurance Policies and Under Certain Hospital and Medical Service Organizations.**

---

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

Sec. 1. 24 MRSA § 2318 is enacted to read:

§ 2318. Newborn children coverage

All individual and group nonprofit hospital and medical service organization contracts which provide coverage for a family member of the insured or subscriber shall, as to such family members' coverage, also provide that the health insurance benefits applicable for children shall be payable with respect to a newly born child or the insured or subscriber from the moment of birth.

The coverage for newly born children shall consist of coverage of injury or sickness including the necessary care and treatment of medically diagnosed congenital defects and birth abnormalities.

If payment of a specific premium or subscription fee is required to provide coverage for a child, the policy or contract may require that notification of birth of a newly born child and payment of the required premium or fees must be furnished to the insurer or nonprofit service or indemnity corporation within 31 days after the date of birth in order to have the coverage continue beyond such 31-day period.

The requirements of this section shall apply to all subscriber contracts delivered or issued for delivery in this State more than 120 days after the effective date of this Act.

Sec. 2. 24-A MRSA § 2741 is enacted to read:

§ 2741. Newborn children coverage

All individual health insurance policies providing coverage on an expense incurred basis which provide coverage for a family member of the insured or subscriber shall, as to such family members' coverage, also provide that the health insurance benefits applicable for children shall be payable with respect to a newly born child of the insured or subscriber from the moment of birth.

The coverage for newly born children shall consist of coverage of injury or sickness including the necessary care and treatment of medically diagnosed congenital defects and birth abnormalities.

If payment of a specific premium or subscription fee is required to provide coverage for a child, the policy or contract may require that notification of birth of a newly born child and payment of the required premium or fees must be furnished to the insurer or nonprofit service or indemnity corporation within 31 days after the date of birth in order to have the coverage continue beyond such 31-day period.

The requirements of this section shall apply to all policies delivered or issued for delivery in this State more than 120 days after the effective date of this Act.

Sec. 3. 24-A MRSA § 2832 is enacted to read:

§ 2832. Newborn children coverage

All group and blanket health insurance policies providing coverage on an expense incurred basis which provide coverage for a family member of the insured or subscriber shall, as to such family members' coverage, also provide that the health insurance benefits applicable for children shall be payable with respect to a newly born child of the insured or subscriber from the moment of birth.

The coverage for newly born children shall consist of coverage of injury or sickness including the necessary care and treatment of medically diagnosed congenital defects and birth abnormalities.

If payment of a specific premium or subscription fee is required to provide coverage for a child, the policy or contract may require that notification of birth of a newly born child and payment of the required premium or fees must be furnished to the insurer or nonprofit service or indemnity corporation within 31 days after the date of birth in order to have the coverage continue beyond such 31-day period.

The requirements of this section shall apply to all policies delivered or issued for delivery in this State more than 120 days after the effective date of this Act.

Sec. 4. Transitional provision. If any provision of this Act or the application thereof is held invalid, such invalidity shall not affect other provisions, items or applications of this Act which can be given effect without the in-

valid provisions and to this end the provisions of this Act are declared hereby serviceable.

STATEMENT OF FACT

This Act provides that insurance coverage for dependent children under certain health insurance policies and programs of certain hospital and medical service organizations must begin at birth. This bill also provides that this coverage shall include congenital defects and birth abnormalities.