MAINE STATE LEGISLATURE

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1	L.D. 473
3	(Filing No. H-306)
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7 9	STATE OF MAINE HOUSE OF REPRESENTATIVES 114TH LEGISLATURE
11	FIRST REGULAR SESSION
13	COMMITTEE AMENDMENT "A" to H.P. 354, L.D. 473, Bill, "An Act to Expand the High-risk Insurance Program"
15 17	Amend the bill by striking out all of the title and inserting in its place the following:
19	'An Act to Amend the Law Concerning the Maine High-Risk Insurance Organization'
21 23	Further amend the bill by striking out everything after the enacting clause and before the statement of fact and inserting in
25	its place the following:
27	'Sec. 1. 24-A MRSA §6051, sub-§12-A is enacted to read:
	12-A. Resident. "Resident" means a person domiciled in
29	Maine.
31	Sec. 2. 24-A MRSA §6052, sub-§1, as enacted by PL 1987, c. 542, Pt. H, §5, is amended to read:
3 3	
35 37	1. Organization established. The nonprofit entity to be known as the Maine High-Risk Insurance Organization, as established by Title 5, chapter 379, shall provide health insurance to persons who are otherwise unable to obtain health
39	insurance for medical reasons, as determined by this chapter. It is declared that the Maine High-Risk Insurance Organization is an
41	instrumentality of the State, provided that the debts and
13	liabilities of the organization shall not constitute debts and liabilities of the State.
	Sec. 3. 24-A MRSA §6055, sub-§3, ¶E, as enacted by PL 1987, c.
15	542, Pt. H, §5, is amended to read:
17	E. Following the close of each ealendar <u>fiscal</u> year, determine net written and earned premiums, the expense of
19 51	administration and the paid and incurred losses for the year and report this information to the board on a form as prescribed by the board; and
53	Sec. 4. 24-A MRSA §6057, sub-§1, as enacted by PL 1987, c.
55	542, Pt. H, §5, is repealed and the following enacted in its place:

COMMITTEE AMENDMENT "A" to H.P. 354, L.D. 473

1	
	1. Eligibility. Eligibility for organization coverage
3	shall be governed as follows.
5	A. Except as provided in paragraph C, any individual person who is a resident shall be eligible for organization
7	coverage if evidence is provided of:
9	(1) A rejection or refusal to issue similar insurance for health reasons by one insurer;
11	
13	(2) A refusal by an insurer to issue or renew similar insurance for health reasons except at a rate exceeding the organization rate; or
15	
17	(3) A refusal by an insurer to issue similar insurance except with a reduction or exclusion of coverage for a specified preexisting health condition for a period
19	exceeding 90 days.
21	B. The board may adopt a list of medical or health conditions for which a person would be eligible for plan
23	coverage without applying for health insurance pursuant to paragraph A. Persons who can demonstrate the existence or
25	history of any medical or health conditions on the list adopted by the board would be eligible to apply directly to
27	the organization for insurance coverage. The list may be amended from time to time as appropriate.
29	C. The following shall not be eligible for organization
31	coverage:
33	(1) Persons eligible for health care under Medicare or Medicaid;
35	
37	(2) Persons who have terminated coverage in the organization, unless 12 months have elapsed;
39	(3) Persons who have been paid the maximum lifetime benefit established pursuant to section 6058;
41	behelic escablished pursuant to section 0036;
	(4) Inmates of public institutions; or
43	(5) Persons eligible for similar coverage under a
45	conversion at a cost less than the cost of the organization premium.'
47	AN ACCOUNT AS ASSESSED TO ASSESSED.

T	STATEMENT OF FACT
	STATEMENT OF FACT
3	
	This amendment strikes language of the bill which would have
5	removed the 300-person limit on coverage by the Maine High-Risk
	Insurance Organization and corrects several technical problems in
7	the law that established the organization. The amendment adds a
	definition of "resident," clarifies the tax status of the
9	organization by providing that the organization is an
	instrumentality of the State, changes the reporting date from a
11	calendar year to a fiscal year, and tightens eligibility
	requirements by requiring proof of rejection or refusal of
13	coverage by an insurance company, as specified in the amendment.

Reported by the Committee on Banking and Insurance
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