

	L.D. 348
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	(Filing No. H-47)
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	STATE OF MAINE
8	HOUSE OF REPRESENTATIVES 115TH LEGISLATURE
10	FIRST REGULAR SESSION
12	A
	COMMITTEE AMENDMENT "🎢 " to H.P. 257, L.D. 348, Bill, "An
14	Act to Amend Certain Provisions of the Laws Relating to Health Insurance"
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18	Amend the bill by striking out everything after the enacting clause and before the statement of fact and inserting in its
20	place the following:
20	'Sec. 1. 24 MRSA §2321, sub-§1, as amended by PL 1985, c. 648,
22	§1, is further amended to read:
24	 Filing of rate information. Every nonprofit hospital and medical service organization shall file with the
26	superintendent, except as to group subscriber and membership contracts, other than group Medicare supplement contracts as
28	defined in Title 24-A, chapter 67 and group nursing home or
	long-term care contracts as defined in Title 24-A, chapter 68,
30	every rate, rating formula and every modification of any of the
32	foregoing which <u>that</u> it proposes to use. Every such filing shall <u>under this subsection must</u> state the effective date thereof <u>of</u>
32	the filing. Every such filing shall under this subsection must
34	be made not less than 60 <u>90</u> days in advance of the stated
	effective date unless such60-day the 90-day requirement is
36	waived by the superintendent and the effective date may be
	suspended by the superintendent for a period of time not to
38	exceed 30 days. In the case of nursing home and long-term
40	contracts, rates filed prior to August 1, 1986, shall-be are
40	effective until no later than August 1, 1989. Rates filed on or after August 1, 1986, for these types of contracts sha ll -be <u>are</u>
42	effective for no more than 3 years, except that rates for
1,2	contracts with guaranteed level premiums shall-be are effective
44	for the duration of the contract.
46	Sec. 2. 24 MRSA §2321, sub-§3 is enacted to read:
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48	3. Three-year review. Every organization must submit the
	rate filings for contracts set forth in subsection 1 at least
50	<u>every 3 years.</u>

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COMMITTEE AMENDMENT "A" to H.P. 257, L.D. 348

Sec. 3. 24-A MRSA §5002, sub-§3 is enacted to read: 2 3. Open enrollment. All nonprofit hospital and medical 4 service organizations that offer supplemental coverage to Medicare shall provide open enrollment for subscribers to 6 Medicare supplemental coverage during the month of the 8 subscriber's 65th birthday, for the 3 months preceding and the 3 months after the month of the birthday and during a one-month open enrollment period each calendar year, the month to be set by 10 the nonprofit hospital and medical service organization. Nothing in this subsection precludes additional periods of open 12 enrollment for subscribers to Medicare supplemental coverage.' 14 16 STATEMENT OF FACT 18 This amendment: 20 Removes the limitations on insurance reserves contained 1. in the bill; 22 Removes the connection between community rating in 24 2. individual lines of insurance and tax-exempt status; 26 3. Changes the rate filing date to not less than 90 days 28 before the requested effective date, with a 30-day delay allowable by the Superintendent of Insurance; 30 4. Requires rate filings to be made every 3 years. This 32 minimizes the impact of large increases that come into effect less frequently; and 34 Allows the nonprofit hospital and medical service 5. organization to choose the month of open enrollment each calendar 36 year. 38

Reported by the Committee on Banking and Insurance Reproduced and distributed under the direction of the Clerk of the House 3/20/91 (Filing No. H-47)

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