## MAINE STATE LEGISLATURE

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(Filing No. H-1155)

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## STATE OF MAINE HOUSE OF REPRESENTATIVES 115TH LEGISLATURE SECOND REGULAR SESSION

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COMMITTEE AMENDMENT " to H.P. 1617, L.D. 2278, Bill, "An Act to Require Group Insurance Companies to Notify Covered Employees of Nonpayment of Premiums by Employers"

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Amend the bill by striking out everything after the enacting clause and before the statement of fact and inserting in its place the following:

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'Sec. 1. 24 MRSA §2330, sub-§1, as enacted by PL 1981, c. 606, §1, is amended to read:

Conversion provision required. A group medical or health care service contract issued for delivery in this State by a nonprofit hospital, medical or health service organization, other than a contract which that provides benefits for specific diseases or accidental injuries only, shall must contain a provision that if the health coverage on an employee or member ceases because of termination of employment or termination of the contract or any portion thereof, and the person has been continuously insured for a period of at least 3 months under the group contract or under the group contract and any prior group contract or policy providing similar benefits which that it replaces, that person shall-be is entitled to have issued to him that person by the nonprofit service corporation, without evidence of insurability, a nongroup health care contract or, at option of the nonprofit service corporation, certificate, provided that application shall-be is made and the subscription charge paid to the nonprofit service corporation within 31 90 days after that termination. option of the employee or member, the converted contract may cover the employee or member, the employee or member and his the dependents of the employee or member or the dependents of the employee or member; provided that, in the latter 2 cases, dependents had been covered for a period of at least 3 months

under the group contract, unless the dependent persons were not eligible for coverage until after the beginning of the 3-month period. The nonprofit service corporation shall—have has the option to provide the required coverage upon conversion through either a group or nongroup health care contract, and may issue a separate converted contract to cover any dependent. A nonprofit service corporation shall may not be required to provide a conversion privilege if termination of coverage under the group contract occurred because the employee or member failed to pay any required contribution or if any discontinued group coverage is replaced by continuous and substantially similar group coverage within 31 days.

## Sec. 2. 24 MRSA §2330, sub-§1-A is enacted to read:

1-A. Notification of cancellation. A nonprofit hospital, medical or health service organization must provide by first class mail notification of cancellation for nonpayment of subscription charges according to this section. The notice must include the date of cancellation of coverage and the time period for exercising contract conversion rights. Notification is not required when the nonprofit hospital, medical or service organization has received written notice from the group contract holder or subgroup sponsor that replacement coverage has been obtained.

A. Notice must be mailed to the group contract holder or

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- 28 subgroup sponsor;
- B. At the time of notification under paragraph A, notice must be mailed to the certificate holder at:
  - (1) The last address provided by the subgroup sponsor or the group contract holder to the nonprofit hospital, medical or health service organization; or
- (2) The office of the subgroup sponsor, if any, or the group contract holder; and
- 40 <u>C. Notice must be mailed to the Bureau of Insurance and to the Bureau of Labor Standards.</u>
- Sec. 3. 24-A MRSA §2809-A, sub-§1, as enacted by PL 1981, c. 44 606, §2, is amended to read:
- 1. A group policy which that provides hospital, surgical or major medical expense insurance or any combination thereof, other than a policy which that provides benefits for specific diseases or accidental injuries only, shall must contain a provision that if the insurance on an employee or member ceases because of

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termination of employment or termination of the policy or any portion thereof, and the person has been continuously insured for a period of at least 3 months under the group policy or under the group policy and any prior group policy or contract providing similar benefits which  $\underline{\text{that}}$  it replaces, that person shall-be  $\underline{\text{is}}$ entitled to have issued to him that person by the insurer, without evidence of insurability, an individual policy or, at the insurer's option, a group certificate of health insurance, provided that application shall-be is made and the first premium paid to the insurer within 31 90 days after that termination. At the option of the employee or member, the converted policy may cover the employee or member, the employee or member and his the employee or member's dependents or the dependents of the employee or member; provided that, in the latter 2 cases, the dependents have been covered for a period of at least 3 months under the group policy, unless the dependent persons were not eligible for coverage until after the beginning of the 3-month period. insurer shall--have has the option to provide the required coverage upon conversion through either a group or individual policy, and may issue a separate converted policy to cover any An insurer shall is not be required to provide a conversion privilege if termination of insurance under the group policy occurred because the employee or member failed to pay any required contribution or if any discontinued group coverage is replaced by continuous and substantially similar group coverage within 31 days.

## Sec. 4. 24-A MRSA §2809-A, sub-§1-A is enacted to read:

1-A. Notification of cancellation. An insurer must provide by first class mail notification of cancellation for nonpayment of premium for hospital, surgical or major medical expense insurance according to this section. The notice must include the date of cancellation of coverage and the time period for exercising policy conversion rights. Notification is not required when the insurer has received written notice from the group policyholder that replacement coverage has been obtained.

A. Notice must be mailed to the group policyholder or subgroup sponsor.

B. At the time of notification under paragraph A, notice must be mailed to the certificate holder at:

(1) The last address provided by the subgroup sponsor or the group policyholder to the insurer; or

(2) The office of the subgroup sponsor, if any, or the group policyholder.

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	C. Notice must be mailed to the Bureau of Insurance and to
2	the Bureau of Labor Standards.
4	Sec. 5. Effective date; application. Sections 1 and 3 of this Act apply to all group certificates and group policies executed,
6	delivered, issued for delivery, continued or renewed in this State on or after January 1, 1993; all group certificates and
8	group policies are deemed to be renewed no later than the next yearly anniversary of the policy contract date.
10	FISCAL NOTE
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14	<b>1992-93</b>
Tak	APPROPRIATIONS/ALLOCATIONS
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	Other Funds \$1,400
18	The Bureau of Insurance will require an allocation from
20	existing Other Special Revenue funds of \$1,400 in fiscal year 1992-93 for the costs associated with revising rules related to
22	the conversion rights of group insurance members.'
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26	STATEMENT OF FACT
28	This amendment changes the requirement of notification of cancellation of group health insurance for nonpayment of premium
30	from prior notification to notification on the same day as notice of cancellation is mailed to the group. It requires mailed
32	notice to the group and to the group members at the last address provided by the group or at work and to the Bureau of Insurance
34	and the Department of Labor, Bureau of Labor Standards. This amendment also increases from 31 days to 90 days the conversion
36	rights of the group members.

Reported by the Committee on Banking and Insurance Reproduced and distributed under the direction of the Clerk of the House 3/18/92 (Filing No. H-1155)

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