MAINE STATE LEGISLATURE

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118th MAINE LEGISLATURE

FIRST REGULAR SESSION-1997

Legislative Document

No. 911

H.P. 658

House of Representatives, February 6, 1997

An Act to Define the Diagnosis of Pregnancy for the Purposes of Insurance Coverage.

Reference to the Committee on Banking and Insurance suggested and ordered printed.

OSEPH W. MAYO, Clerk

Presented by Representative MAYO of Bath. Cosponsored by Senator GOLDTHWAIT of Hancock and Representatives: ETNIER of Harpswell, MITCHELL of Portland, THOMPSON of Naples, WINGLASS of Auburn.

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

- Sec. 1. 24 MRSA §2350, sub-§2, as amended by PL 1993, c. 477, Pt. A, §7 and affected by Pt. F, §1, is further amended to read:
- Limitation. An individual or group contract between a hospital or medical subscriber and a nonprofit organization may not impose a preexisting condition exclusion period of more than 12 months. The exclusion may only relate to conditions manifesting in symptoms that would cause an ordinarily prudent person to seek medical advice, diagnosis, treatment or for which medical advice, diagnosis, treatment was recommended or received during the 12 months immediately preceding the effective date of coverage, or to a pregnancy existing on the effective date of coverage. For the purposes of this section, a pregnancy exists on the date a woman misses her last normal menstrual period. A routine preventive screening or test yielding only negative results may not be deemed to be diagnosis, care or treatment for the purposes of this subsection.
- Sec. 2. 24-A MRSA §2850, sub-§2, as amended by PL 1993, c. 477, Pt. A, §15 and affected by Pt. F, §1, is further amended to read:
- 2. Limitation. An individual or group contract issued by an insurer may not impose a preexisting condition exclusion waiting period of more than 12 months. The exclusion may only relate to conditions manifesting in symptoms that would cause an ordinarily prudent person to seek medical advice, diagnosis, treatment or for which medical advice, diagnosis, care treatment was recommended or received during the 12 months immediately preceding the effective date of coverage, or to a pregnancy existing on the effective date of coverage. For the purposes of this section, a pregnancy exists on the date a woman misses her last normal menstrual period. A routine preventive screening or test yielding only negative results may not be deemed to be diagnosis, care or treatment for the purposes of this subsection.

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SUMMARY

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This bill defines the existence of a pregnancy as the time when a women misses her last normal menstrual period for the purposes of determining when pregnancy exists as it relates to the application of a preexisting condition exclusion under an insurance policy. Under current practice, insurers define the

- existence of a pregnancy as the date of conception. However, pregnancy is medically diagnosed at the time a woman presents 2 symptoms, namely a missed menstrual period. This bill defines pregnancy as existing on the date when it is medically
- 4 diagnosable.