

MAINE STATE LEGISLATURE

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Date: 5/8/23

L D 308

(Filing No H- 108)

HEALTH COVERAGE, INSURANCE AND FINANCIAL SERVICES

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**STATE OF MAINE
HOUSE OF REPRESENTATIVES
131ST LEGISLATURE
FIRST SPECIAL SESSION**

COMMITTEE AMENDMENT "A" to H P 206, L D 308, "An Act to Require That Insurance Companies Notify Workers over 65 Years of Age of Potential High Costs"

Amend the bill by striking out the title and substituting the following

'An Act to Require That Insurance Companies Notify Insured Persons over 65 Years of Age Regarding Coordination of Benefits with Medicare Part B'

Amend the bill by striking out everything after the enacting clause and inserting the following

'Sec. 1. 24 MRSA §2332-A, sub-§1-A, ¶B, as enacted by PL 1997, c 604, Pt G, §1, is amended to read

B The contract may not coordinate benefits with Medicare Part B unless

- (1) The insured is enrolled in Medicare Part B,
- (2) The insured was previously enrolled in Medicare Part B and voluntarily disenrolled,
- (3) The insured stated on an application or other document that the insured was enrolled in Medicare Part B, or
- (4) The insured is eligible for Medicare Part A without paying a premium and the insurer provided prominent notification to the insured both when the contract was issued and, if applicable, when the insured becomes eligible for Medicare due to age The content of the notification must be approved by the bureau. The notification must state that the contract will not pay benefits that would be payable under Medicare even if the insured fails to enroll in Medicare Part B and state that the insured may contact the bureau, the Health Insurance Consumer Assistance Program established in Title 24-A, section 4326 or another relevant organization or agency for assistance in understanding coordination of benefits with Medicare Part B under the insured's contract

COMMITTEE AMENDMENT

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Sec. 2. 24-A MRSA §2723-A, sub-§2, ¶B, as amended by PL 1999, c 790, Pt D, §7, is further amended to read

- B The policy may not coordinate benefits with Medicare Part B unless
 - (1) The insured is enrolled in Medicare Part B,
 - (2) The insured was previously enrolled in Medicare Part B and voluntarily disenrolled,
 - (3) The insured stated on an application or other document that the insured was enrolled in Medicare Part B, or
 - (4) The insured is eligible for Medicare Part A without paying a premium and the insurer provided prominent notification to the insured both when the policy was issued and, if applicable, when the insured becomes eligible for Medicare due to age The content of the notification must be approved by the bureau The notification must state that the policy will not pay benefits that would be payable under Medicare even if the insured fails to enroll in Medicare Part B and state that the insured may contact the bureau, the Health Insurance Consumer Assistance Program established in section 4326 or another relevant organization or agency for assistance in understanding coordination of benefits with Medicare Part B under the insured's contract

Sec. 3. 24-A MRSA §2844, sub-§1-A, ¶B, as enacted by PL 1997, c 604, Pt G, §2, is amended to read

- B The contract may not coordinate benefits with Medicare Part B unless
 - (1) The insured is enrolled in Medicare Part B,
 - (2) The insured was previously enrolled in Medicare Part B and voluntarily disenrolled,
 - (3) The insured stated on an application or other document that the insured was enrolled in Medicare Part B, or
 - (4) The insured is eligible for Medicare Part A without paying a premium and the insurer provided prominent notification to the insured both when the certificate was issued and, if applicable, when the insured becomes eligible for Medicare due to age The content of the notification must be approved by the bureau The notification must state that the contract will not pay benefits that would be payable under Medicare even if the insured fails to enroll in Medicare Part B and state that the insured may contact the bureau, the Health Insurance Consumer Assistance Program established in section 4326 or another relevant organization or agency for assistance in understanding coordination of benefits with Medicare Part B under the insured's contract

Amend the bill by relettering or renumbering any nonconsecutive Part letter or section number to read consecutively

SUMMARY

This amendment replaces the bill, which is a concept draft

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COMMITTEE AMENDMENT "A" to HP 206, L D 308

1 The amendment requires the Department of Professional and Financial Regulation,
2 Bureau of Insurance to approve the notice provided by an insurer that coordinates benefits
3 with Medicare Part B coverage. The amendment also requires that the notice include a
4 statement that the insured person may contact the bureau, the Health Insurance Consumer
5 Assistance Program established in the Maine Revised Statutes, Title 24-A, section 4326 or
6 another relevant organization or agency for assistance in understanding coordination of
7 benefits with Medicare Part B under the insured person's contract

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FISCAL NOTE REQUIRED
(See attached)

COMMITTEE AMENDMENT



131st MAINE LEGISLATURE

LD 308

LR 1673(02)

An Act to Require That Insurance Companies Notify Workers over 65 Years of Age of Potential High Costs

Fiscal Note for Bill as Amended by Committee Amendment "A" (H-108)
Committee: Health Coverage, Insurance and Financial Services
Fiscal Note Required: Yes

Fiscal Note

Minor cost increase - Other Special Revenue Funds

Fiscal Detail and Notes

Additional costs to the Bureau of Insurance within the Department of Professional and Financial Regulation to approve the content of notifications provided by insurers regarding coordination of benefits with Medicare Part I expected to be minor and can be absorbed within existing budgeted resources