

MAINE STATE LEGISLATURE

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LAWS
OF THE
STATE OF MAINE

AS PASSED BY THE

ONE HUNDRED AND THIRTY-FIRST LEGISLATURE

FIRST REGULAR SESSION
December 7, 2022 to March 30, 2023

FIRST SPECIAL SESSION
April 5, 2023 to July 26, 2023

THE GENERAL EFFECTIVE DATE FOR
FIRST REGULAR SESSION
NONEMERGENCY LAWS IS
JUNE 29, 2023

THE GENERAL EFFECTIVE DATE FOR
FIRST SPECIAL SESSION
NONEMERGENCY LAWS IS
OCTOBER 25, 2023

PUBLISHED BY THE REVISOR OF STATUTES
IN ACCORDANCE WITH THE MAINE REVISED STATUTES ANNOTATED,
TITLE 3, SECTION 163-A, SUBSECTION 4.

Augusta, Maine
2023

**CHAPTER 104
H.P. 206 - L.D. 308**

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

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

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.

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.

See title page for effective date.