

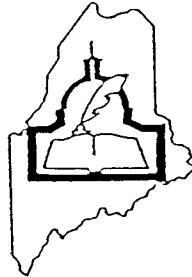
# MAINE STATE LEGISLATURE

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**STATE OF MAINE  
114TH LEGISLATURE  
SECOND REGULAR SESSION**



**BILL SUMMARIES  
JOINT STANDING COMMITTEE  
ON  
BANKING AND INSURANCE**

**JUNE 1990**

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Sen. Beverly Miner Bustin  
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**Staff:**  
Deborah C. Friedman, Legislative Analyst  
Haven Whiteside, Legislative Analyst

**Office of Policy and Legal Analysis  
Room 101, State House Station 13  
Augusta, ME 04333  
(207) 289-1670**

\*Denotes Chair

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STATE OF MAINE  
**OFFICE OF POLICY AND LEGAL ANALYSIS**  
ROOM 101/107/135  
STATE HOUSE STATION 13  
AUGUSTA, MAINE 04333  
TEL.: (207) 289-1670

**One Hundred and Fourteenth Legislature  
Second Regular Session**

**Joint Standing Committee  
Bill Summaries**

**June 1990**

This document is a compilation of the bill summaries prepared by this office for the Joint Standing Committees and Joint Select Committees of the Maine Legislature. The summaries are arranged by LD number for each committee.

All Adopted Amendments are listed, by paper number (e.g., H-584 or S-222), together with the sponsor for floor amendments. Final action is listed to the right of the title. Committee Reports and Floor Action are abbreviated as follows:

OTP	Ought to Pass
OTP-ND	Ought to Pass in New Draft
OTP-ND-NT	Ought to Pass in New Draft, New Title
OTP-A	Ought to Pass as Amended
ONTP	Ought Not to Pass
LVWD	Leave to Withdraw
INDEF PP	Indefinitely Postponed

Each individual summary was prepared by the analyst or analysts assigned to the committee. But, this document was produced by the efforts of all the office staff, including secretaries: Charlene Raymond, and Valarie Parlin, and especially Laurette Knox who coordinated preparation of the overall document.

Please give us your suggestions and comments on these summaries and tell us of any inaccuracies.

**SPONSOR(S)**  
DIPIETRO  
PLOURDE**COMMITTEE REPORT**  
LV/WD**AMENDMENTS ADOPTED****SUMMARY**

The bill would amend the Consumer Credit Code to prohibit "financial institutions" from charging nonrefundable percentage fees or application fees for residential mortgages.

The committee voted LWD but will request the Bureau of Banking and Consumer Credit, the bankers associations and the real estate associations to review the issue.

**LD 2274 An Act to Ensure Continuity of Health Insurance Coverage****PUBLIC 867****SPONSOR(S)**  
RYDELL  
THERIAULT  
BUSTIN  
MANNING**COMMITTEE REPORT**  
OTP-AM**AMENDMENTS ADOPTED**  
H-1090  
S-675 THERIAULT**SUMMARY**

The bill would have prohibited health insurance plans from imposing pre-existing condition screening, exclusions or waiting periods when an individual or group switches from one plan to another. The prohibitions would apply to persons switching to coverage by commercial insurers, nonprofit service organizations, health maintenance organizations, or preferred provider arrangements, and to persons or groups switching from any of those types of carriers or from self-insured plans. The bill would also prohibit insurers from providing excess insurance to any self-insured plan that contains provisions inconsistent with the bill. Finally, the bill would have limited pre-existing condition exclusions for any individual to 3 months, and would have prohibited the application of an exclusion for conditions other than those diagnosed or treated within 3 months before the person enrolls or is eligible to enroll in the plan.

The committee amendment (H-1090) replaces the bill with language combining concepts of all three of the committee's health insurance continuity bills: LDs 1979, 2250 and 2274. It provides continuity of health insurance benefits for people when their coverage changes because their group plan changes carriers, or because they as individuals move from group to group, or from individual coverage to group coverage. When a group plan changes carriers, the new carrier may not impose pre-existing condition screening, a pre-existing condition exclusion, or a waiting period on any person who was covered under the prior plan at any time during the 90 days before the prior plan was discontinued. The plan may, however, impose a short exclusion period for any person covered for fewer than 90 days under the prior plan. The bill also requires all group contracts to provide a reasonable extension of benefits for persons who are totally disabled on the date the group plan is discontinued. As a result of Senate Amendment "B" (S-675) to the Committee Amendment, these provisions apply to all policies or contracts continued, issued or renewed by commercial insurers, health maintenance organizations or nonprofit service organizations on or after October 1, 1990.

When an individual moves from group to group or from individual coverage to group coverage, the new group plan must waive medical underwriting or pre-existing condition exclusions to the extent the person would have had coverage for that condition under their prior plan. This applies only if the gap between the person's loss of coverage under the prior plan and the date of eligibility under the new plan is not more than 3 months. Also, the person is not protected if they fail to enroll in the plan during the initial enrollment period, unless their failure to do so is a result of specified reasons set forth in the bill. The bill prohibits insurers from increasing premiums to smaller employers by more than 10% as a result of