

# 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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**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  
OTP-ND  
OTP-ND-NT  
OTP-A  
ONTP  
LVWD  
INDEF PP

Ought to Pass  
Ought to Pass in New Draft  
Ought to Pass in New Draft, New Title  
Ought to Pass as Amended  
Ought Not to Pass  
Leave to Withdraw  
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.

for women. The bill includes coverage for mammograms once every 2 years from ages 40 to 49 and then annually for age 50 and over.

The Committee Amendment (S-645) provides for mandated coverage of screening mammograms under the guidelines contained in the original bill, effective for policies issued or renewed on or after March 1, 1991. The amendment exempts certain individual supplemental policies from the mandate. The amendment defines "screening mammograms" and requires mammography programs and providers to meet Department of Human Services rules relating to radiology providers in order to permit reimbursement. The amendment also authorizes the Maine Health Care Finance Commission to collect information from providers of mammography services and authorizes and directs the Bureau of Insurance to collect information from insurers and nonprofit service organizations. The amendment also provides for the Mandated Benefits Advisory Commission to report to the Legislature and the Governor by June 1, 1991 on the relative merits of each of the mandated benefits that are effective as of March 1, 1990. The amendment also adds an allocation and a fiscal note.

Although the bill as amended was indefinitely postponed, its provisions were included in Part I of LD 2503, PL 875, the supplemental appropriation bill.

**LD 2310**      **An Act to Amend the Maine Liability Risk Retention Act**      **PUBLIC 724**

<b>SPONSOR(S)</b>	<b>COMMITTEE REPORT</b>	<b>AMENDMENTS ADOPTED</b>
GARLAND WHITMORE BRANNIGAN RAND	OTP	

**SUMMARY**

LD 2310 clarifies ambiguities in the Maine Liability Risk Retention Act and makes the current law consistent with recent case law developments. The bill requires that insurers who provide coverage to risk purchasing groups with members in Maine provide coverage to those members in accordance with Maine law regarding policy forms and premium rates. The bill also requires risk purchasing groups with members in Maine to purchase coverage either from risk retention groups or from insurers licensed or on the eligible surplus lines list in Maine.

**LD 2337**      **An Act Relating to Health Maintenance Organizations**      **PUBLIC 842**

<b>SPONSOR(S)</b>	<b>COMMITTEE REPORT</b>	<b>AMENDMENTS ADOPTED</b>
GILL BUSTIN TRACY DONALD	OTP-AM	S-644

**SUMMARY**

The purpose of this bill is to strengthen regulation of health maintenance organizations (HMO). With the Committee Amendment (S-644) the bill makes the following changes to the laws governing HMO's.

1. It provides more definitive terms and outlines responsibilities of a HMO and its providers.
2. It requires that a feasibility plan be filed by those seeking to establish a HMO.
3. It requires that HMOs disclose their plans for quality control regarding services rendered.