MAINE STATE LEGISLATURE

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State Of Maine 120th Legislature

First Regular Session

Bill Summaries

Joint Standing Committee on Banking and Insurance

August 2001

Members: Sen. Lloyd P. LaFountain III, Chair Sen. I. Joel Abromson Sen. Neria R. Douglass

Rep. Christopher P. O'Neil, Chair Rep. Benjamin F. Dudley Rep. Nancy B. Sullivan Rep. Marilyn E. Canavan Rep. Lisa T. Marrache Rep. William J. Smith Rep. Arthur F. Mayo III Rep. Kevin J. Glynn Rep. Florence T. Young Rep. John M. Michael

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120th Legislature First Regular Session

Summary Of Legislation Before The Joint Standing Committees August 2001

Enclosed please find a summary of all bills, resolves, joint study orders, joint resolutions and Constitutional resolutions that were considered by the joint standing select committees of the Maine Legislature this past session. The document is a compilation of bill summaries which describe each bill and relevant amendments, as well as the final action taken. Also included are statistical summaries of bill activity this session for the Legislature and each of its joint standing committees.

The document is organized for convenient reference to information on bills considered by the committees. It is organized by committees and within committees by bill (LD) number. The committee report(s), prime sponsor for each bill and the lead co-sponsor(s), if designated, are listed below each bill title. All adopted amendments are listed by paper number. Two indices, a subject index and a numerical index by LD number are provided for easy reference to bills. They are located at the back of the document. A separate publication, <u>History and Final Disposition of Legislative Documents</u>, may also be helpful in providing information on the disposition of bills. These bill summaries also are available at the Law and Legislative Reference Library and on the Internet (www.state.me.us/legis/opla).

Final action on each bill is noted to the right of the bill title. The abbreviations used for various categories of final action are as follows:

CARRIED OVER	Bill Carried Over to Second Regular Session
CON RES XXX	Bill Carried Over to Second Regular Session Chapter # of Constitutional Resolution passed by both Houses
CONF CMTE UNABLE TO AGREE	
	House & Senate disagree; bill died
	accepts ONTP report; the other indefinitely postpones the bill
DIED ON ADJOURNMENT	Action incomplete when session ended; bill died
FMFRGFNCY	Enacted law takes effect sooner than 90 days
FAILED EMERGENCY ENACTMENT/FINAL PASSAG	E Emergency bill failed to get 2/3 vote
FAILED ENACTMENT/FINAL PASSAGE	
FAILED MANDATE FNACTMENT	Bill imposing local mandate failed to get 2/3 vote
NOT PROPERLY REFORE THE RODY	Ruled out of order by the presiding officers; bill died
INDEE DE	Rill Indefinitely Postnored
ONTP	Bill Indefinitely Postponed Ought Not To Pass report accepted
OTP ND	
OTD ND/NT	Committee report Ought To Pass In New Draft/New Title
DLC VVV	
DIDIIC VVV	Chapter # of enacted Public I au
DECOIVE VVV	Chapter # of finally passed Deschie
INGICNED	Chapter # of enacted Public LawChapter # of finally passed ResolveBill held by Governor
VETO CICTAINED	But neta by GovernorLegislature failed to override Governor's Veto
VEIU SUSIAINED	Legisiaiure jailea to overriae Governor's veto

Please note the effective date for all non-emergency legislation enacted in the First Regular Session (unless otherwise specified in a particular law) is **September 21**, 2001.

Joint Standing Committee on Banking and Insurance

LD 414 An Act to Require Health Maintenance Organizations to Cover Optometrist Services

ONTP

Sponsor(s)	Committee Report	Amendments Adopted
O'NEIL	ONTP	
DOUGLASS		

LD 414 proposed to amend the laws applicable to payments by health maintenance organizations for eye care services. It would have required health maintenance organizations to include coverage for services by optometrists.

See related bill LD 323.

LD 415 An Act to Strengthen Health Maintenance Organization Insolvency

ONTP

Requirements

Sponsor(s)	Committee Report	Amendments Adopted
O'NEIL	ONTP	
DOUGLASS		

LD 415 proposed to require that health maintenance organizations carry insurance adequate to ensure payment for at least 120 days worth of managed care claims payments owed to participating providers in the event of insolvency.

See related bill LD 1284.

LD 426 An Act Concerning Managed Care Provider Agreements

DIED BETWEEN BODIES

Sponsor(s)	Committee Report		Amendments Adopted
O'NEIL	OTP-AM	MAJ	
	OTP-AM	MIN	

LD 426 proposed to clarify that "hold harmless" provisions of managed care provider agreements and the "hold harmless" clause in the Maine Insurance Code do not prohibit participating providers from seeking reimbursement from either the health plan or the enrollee when the enrollee has not adhered to the terms of the health plan. The bill proposed to make the use or enforcement of "most favored nation" provisions in managed care provider agreements an unfair insurance practice. It also would allow participating providers to opt out of so-called "all products" clauses in participating provider agreements.

Joint Standing Committee on Banking and Insurance

Committee Amendment "A" (H-588) was the majority report of the committee and replaced the bill. The amendment proposed to clarify that the "hold harmless" provisions of managed care provider agreements do not prohibit participating providers from seeking reimbursement from an enrollee when the enrollee has not adhered to the terms of the health plan. The amendment required that participating providers notify enrollees of the availability of the Bureau of Insurance's Consumer Health Care Division for assistance in determining whether a health maintenance organization has properly denied coverage before seeking reimbursement. It also would preclude a provider from seeking reimbursement from a subscriber or enrollee if a determination is made that the health maintenance organization is liable for the coverage. The amendment also provided that the failure of a provider or health maintenance organization to process or issue a referral may not be considered the enrollee's failure to abide by the terms of the health plan.

The amendment proposed to remove the provisions in the bill relating to "most favored nation" and "all products" clauses in managed care provider agreements. The amendment also added a fiscal note to the bill.

Committee Amendment "A" was adopted in the House, but was not adopted in the Senate.

Committee Amendment "B" (H-589) was the minority report of the committee and replaced the bill. Like the majority report, the amendment proposed to clarify that the "hold harmless" provisions of managed care provider agreements do not prohibit participating providers from seeking reimbursement from an enrollee when the enrollee has not adhered to the terms of the health plan and also provided that the failure of a provider or health maintenance organization to process or issue a referral may not be considered the enrollee's failure to abide by the terms of the health plan. The amendment proposed to require that participating providers notify enrollees of the availability of the Bureau of Insurance's Consumer Health Care Division for assistance in determining whether a participating provider is properly exercising the provider's rights, but did not require that a determination be made that the coverage has properly been denied before permitting a provider to seek reimbursement.

The amendment proposed to remove the provisions in the bill relating to "most favored nation" and "all products" clauses in managed care provider agreements. The amendment also added a fiscal note to the bill.

Committee Amendment "B" was adopted in the Senate, but was not adopted in the House.

LD 428 An Act to Modify the Bureau of Insurance Complaint Ratios and to
Increase the Amount of Penalties Assessed Against Violators of the
Maine Insurance Code

PUBLIC 165

Sponsor(s) O'NEIL LAFOUNTAIN Committee Report
OTP-AM

Amendments Adopted H-199

LD 428 was submitted on behalf of the Department of Professional and Financial Regulation. Part A of the bill proposed to eliminate the requirement that the Bureau of Insurance consider only defined "substantiated" complaints in calculating and publicizing complaint ratios that compare insurers by the number of written complaints received by the Bureau of Insurance proportionate to insurer market share by lines of business. It also provided that rules adopted by the Bureau related to complaint ratios are routine technical, rather than major substantive rules. Part A also proposed to clarify that only a written complaint submitted on a form approved by the Superintendent of Insurance would be counted as a complaint.